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SPECIAL NOTICE TO MEMBERS.

Every member is requested to preserve this "Supplement," which contains matters specially referred to Divisions, until the subjects have been discussed by the Division to which he belongs.

BY ORDER.

Matters referred to Divisions.

British Medical Association.

SUPPLEMENTARY REPORT OF COUNCIL, 1915-16.

(The Sections numbered (B), (C), etc., of the Supplementary Report are the continuations, respectively, of the similarly lettered sections of the Annual Report, published in the Supplement of May 6th, 1916. The paragraphs of the Supplementary Report are numbered consecutively to those of the Annual Report.)

(B) Finance.

A RETROSPECT OF THE FINANCES OF THE ASSOCIATION 1906-1915.

162. The Council presents a Report which has been prepared by the Treasurer and Financial Secretary and Business Manager, reviewing the finances of the Association for a period of 10 years. The Report was published in the Supplement, of April 29th, 1916, page 73.

THE TREASURERSHIP.

163. The Council submits the names of Dr. G. E. Haslip, London, and Dr. R. Langdon-Down, London, as suitable for the office of Treasurer to the Association, *vice* Dr Edwin Rayner, who completes his third term of office, and does not seek re-election.

(C) Central Medical War Committee.

STATUS OF COMMITTEE.

164. The introduction of the two Military Service Acts which render every male citizen, whether married or single, who is under the age of 41, liable to Military Service, made it necessary that the status of the Central Medical War Committee, the Scottish Medical Service Emergency Committee, and the Committee of Reference, should be clearly defined in relation to those Acts. Experience of the first Military Service Act, which dealt only with single men, revealed a risk of leakage of medical men who by applying to local tribunals might receive exemption and thereby seriously interfere with the professional committees in their attempt to distribute the calls of the Army for medical officers in an equitable manner. The Committee therefore informed the authorities of its opinion that in the new circumstances brought about by universal compulsion for military service, any professional committee entrusted by the Government with the duty of selecting medical men who can best be spared, with due regard to the needs of the civil population, for commissions in the Royal Navy and the R.A.M.C., must be constituted the sole tribunal under the Act for the medical profession, since it is only by means of such a professional body that arrangements can be made for carrying on the necessary work of any medical men who are selected to serve. The Committee further went on to say that in its opinion the most suitable arrangement for carrying out these duties would be to continue the co-operation of the existing professional committees with the military authorities.

165. This view was accepted by the Army Council, with the result that the following clause was inserted in the Military Service Act, 1916 (Session 2):—

> Regulations made under the Second Schedule to the principal Act shall provide for the establishment of pro-

fessional committees to deal with claims for exemption made by duly qualified medical practitioners; and any application made by such a medical practitioner on any ground, other than that of conscientious objection, for a certificate of exemption shall be referred by the tribunal to whom it is made to such a committee in accordance with those regulations; and the recommendation of the committee on the application shall be binding on any tribunal constituted under the principal Act.

166. The regulations referred to in this clause were published in the medical journals of June 10th, 1916, and the Central Medical War Committee, the Scottish Medical Service Emergency Committee, and the Committee of Reference, were approved by the Army Council on June 15th as the Professional Committees under the Act.

167. In intimating its approval the Army Council made the following stipulations: "(a) that a new member be substituted as soon as possible for Colonel Galloway, who being abroad with His Majesty's Forces, cannot be an effective member of the Committee, and (b) that at least three new members (inclusive of the foregoing), with experience in provincial industrial practice, be placed on the Committee at the earliest possible date (one of them being a practitioner in Wales)." The Committee thereupon invited Dr. H. Langley Browne of West Bromwich, and Dr. Adam Fulton of Nottingham, to accept seats on the Committee, and the invitation has been accepted. The third vacancy has not yet been filled. It is hoped that, in view of the recognition which has thus so recently been given to the Committee, the Representative Meeting will reappoint the Committee as it is constituted at the time of the Meeting.

168. As already explained in the communication addressed by the Director-General to all practitioners of military age, which was published in the medical journals of June 17th, the case of every doctor who comes under the provisions of the Military Service Acts must now be decided by one of the three professional committees. Already the Central Medical War Committee has had referred to it by Local Tribunals certain claims for exemption which are being dealt with under the regulations.

Position and Responsibilities of Local Medical War Committees.

169. Under the terms of the regulations, the Central Professional Committee may, with the approval of the Army Council, appoint or recognise such local professional committees as it may think necessary for the purposes of the regulations. Those existing Local Medical War Committees have already been recognised concerning which the Central Medical War Committee was satisfied that their mode of appointment secured their being representative of all the practitioners in the area. In a few instances where there was any doubt on this point steps are being taken to regularise the position.

170. In suggesting to the Army Council the continuance and extension under the Military Service Acts of the relations which already existed between itself and the War Office the Committee felt justified in assuming that the Local Medical War Committees would recognise and be prepared to carry out the essential and most important work which will devolve upon them to an even greater extent than before. The Central Medical War Committee wishes to express its great indebtedness to the Local Committees, and its confidence that it may rely upon their cordial co-operation. By no other means than by the Local Committees could the interests of those who have met the demands of the Army Medical Department have been protected, and it is obvious that this duty will be more insistent and more difficult of performance as time goes on.

Effect of the New Position on the Enrolment Scheme.

171. At the initiation of the Enrolment Scheme the Committee announced that it would only be put into operation if and when a substantial majority of those eligible for enrolment actually enrolled. Subsequently it was decided that this majority should be 75 per cent. Though the necessary percentage was within measurable distance of being obtained before the introduction of the 2nd Military Service Bill, that date found the Committee still short of the requisite number by a few hundreds. The requisite percentage has now been obtained. The enrolled men and the unenrolled men who come under the Military Service Act (2) will be considered, so far as selections for Commissions in the R.A.M.C. are concerned, as constituting one group. But the enrolled men retain all the advantages of their voluntary enlistment in enhanced pay, short term service and early promotion, as has been fully explained in the letter and circular issued by Sir Alfred Keogh to medical men of military age which was printed in the medical journals of June 17th.

Openings for Service for Men over Military Service Acts Age.

172. Medical men between 41 and 45 years of age have, as is known, had the option of enrolling, and as pointed out by the Director-General, their assistance is essential if the numbers required by the R.A.M.C. are to be obtained without an almost unbearable strain on the men under 41. Further offers of service from such men are urgently desired.

173. The Army Medical Department has also announced that it is prepared to find employment in home service for a number of men between 45 and 55, and to give commissions to such as are accepted. It is plain that the employment of these men will free for service abroad men of military age whom the authorities are now compelled to keep at home, and the Committee trusts that many suitable applications will be received by it at an early date. Offers from men between 45 and 55 cannot be accepted where this course would entail the retention in their areas of younger men for the needs of the civil community.

(D) Organisation.

Representation of Home Divisions in Representative Body, 1916-17.

(Continuation of para. 67 (a) of Annual Report, p. 93.)

174. The Council has settled the list of Constituencies in the Representative Body, 1916-17. The grouping adopted is the same as that for 1915-16 (Supplement, July 3rd, 1915, p. 9.)

Grouping of Home Constituencies for Election of 12 Members of Council.

(a) *Council*, 1916-17.

175. Pursuant to the authority conferred on the Council by Min. 63 of the A.R.M. 1915, the Council has grouped the Home Constituencies for election of 12 members of Council, 1916-17, under By-law 46 (c) in the same way as for 1915-16, except that, in accordance with a suggestion by the Metropolitan Counties Branch, the Constituencies comprised in that Branch have been grouped as follows for election of 2 members of Council:—

Inner Group:

City, Kensington, Marylebone, St. Pancras and Islington, Tower Hamlets, Westminster.

Outer Group:

Camberwell, Chelsea, Ealing, Finchley and Hendon, Greenwich and Deptford, Hampstead, Harrow, E. Herts, W. Herts, Lambeth, Lewisham, N. Middlesex, S. Middlesex, S.W. Essex, Stratford, Wandsworth, Willesden, Woolwich.

(b) *Council*, 1917-18.

176. The Council recommends:

Recommendation C.—That, as in the case of the 1916-17 grouping, the grouping of Constituencies for election of 12 members of Council, 1917-18, be left to the Council.

Reports of Divisions and Branches for 1916.

(a) *Reports of Home Divisions.*

(Continuation of para. 76 of Annual Report of Council, p. 93.)

177. Of the 212 Home Divisions, 154 have up to June 19th reported for 1915.

(b) *Reports of Home Branches.*

(Continuation of para. 77 of Annual Report, p. 93.)

178. Up to the same date 35 of the 41 Home Branches have reported.

(c) *Reports of Oversea Divisions and Branches.*

(Continuation of para. 78 of Annual Report, p. 93.)

179. Reports have been received from 14 of the 43 Oversea Branches, and from 2 of the 17 Oversea Divisions not themselves Branches.

GRANTS TO HOME BRANCHES.

(Continuation of para. 79 of Annual Report, p. 93.)

180. In all, up to the present the Council has awarded grants, varying from 6d. to 4s. per member, to 29 of the 41 Home Branches. In addition to an ordinary grant, a supplementary grant has been made to the Leinster Branch, the organisation of which had been temporarily in abeyance owing to the long illness of the late Prof. A. H. White, Branch Secretary.

QUESTION OF A STANDING LONDON COMMITTEE.

181. The A.R.M., 1915, referred (Min. 67-8) to the Metropolitan Counties Branch a proposal made at that Meeting for appointment of a Standing London Committee of the Association on the same lines as the Irish and Scottish Committees. The Branch Council has expressed the opinion that the proposal should not be adopted, inasmuch as (1) such a Committee would be no more than a Branch Council under another name, (2) the powers of such a Committee would be no more than those already possessed by the Branch Council, (3) no adequate steps have been taken to test the full scope of the existing powers of the Branch Council, and (4) in any event the present time is not favourable for alteration of the local organisation of the Association. With this opinion the Council concurs.

The Council recommends:

Recommendation D.—That no further action be taken with reference to Mins. 67-8 of the A.R.M., 1915, as to a possible Standing Committee of the Association for London.

MEMBERSHIP.

(Continuation of para. 73 (a) of Annual Report, p. 93.)

182. The Council has received a report as to membership for the period Jan. 1st to May 31st, 1916. During that period 411 new members joined, and the Association lost by arrears (358), resignation (323), death (131), and expulsion (1), 813, a net decrease of 402. On May 31st, 1916, the total membership of the Association was 20,710, as compared with 21,654 at the same date last year.

DIVISION AND BRANCH AREAS.

(Continuation of para. 73 of Annual Report, p. 93.)

183. The Carlow and Kilkenny Divisions of the South-Eastern of Ireland Branch have been amalgamated to form one (Carlow and Kilkenny) Division.

(F) Science.

QUESTION OF STATE RECOGNITION OF SCIENTIFIC WORK.

184. Arising out of the question of the recognition by the State of the services of Sir Ronald Ross, K.C.B., F.R.S., for his work in connection with malarial fever, the Council has had under consideration the general question of the more adequate recognition of scientific work by the State.

The Council recommends:

Recommendation.—That the Representative Body appoint a small *ad hoc* Committee to confer and act with the Science and State Committee of the British Science Guild in the matter of the inadequate recognition and recompense by the Government of medical workers in the field of science, and to report to the Council.

(G) Medical Ethics.

EXPULSION.

185. The Council regrets to report that it has been necessary to remove from membership of the Association a Member who (a) in breach of his contract with an Insurance Committee did not supply drugs or appliances to insured persons to whom he had agreed to supply them, and with knowledge of his omission received the payment from that Committee as if he had duly fulfilled his contract, (b) habitually allowed insured persons to be attended at his surgery by an unqualified person, and authorised that person to prescribe medicines and sign certificates in his (the member's) name in cases where he (the member) had not himself seen the patient.

PROTECTION OF MEMBERS AGAINST ACTIONS FOR LIBEL ARISING OUT OF ETHICAL PROCEEDINGS.

186. The Council has had under consideration the possible danger of actions arising for libel in connection with Ethical proceedings, and has directed the attention of Honorary Secretaries of all Divisions and Branches in the United Kingdom to the Rule approved by the A.R.M., 1915, which governs this matter, and which renders it necessary for *every* letter in connection with an Ethical enquiry to be submitted to and approved by the Head Office before being made use of locally.

RULES.

(Continuation of para. 92 of Annual Report, p. 94.)

187. Up to the present the Council has approved the adoption of the Revised Rules governing procedure in Ethical matters, as approved by the A.R.M., 1915, by 123 out of the 212 Home Divisions, and by 25 out of the 41 Home Branches. Thus there are still 89 Home Divisions and 16 Home Branches not in a position to deal with Ethical matters.

(H) Medico-Political.

REPORT OF ROYAL COMMISSION ON VENEREAL DISEASES.

(Continuation of paras. 111-12 of Annual Report, p. 96.)

188. In view of the public and professional interests involved, the detailed consideration of the Report and Recommendations of the Royal Commission on Venereal Diseases was referred by the Council to the Medico-Political, Public Health and Hospitals Committees jointly, and the Council submits a separate Report on the subject. In dealing with the matter the Committees had before them, through the courtesy of the President of the Local Government Board, drafts of a circular letter, of Regulations under the Public Health Acts, and of a memorandum by the Medical Officer of the Board on the organisation of medical measures against Venereal Diseases, proposed to be sent by the Board to the County and County Borough Councils.

In thanking Mr. Long for his kindness in acceding to the request of the Association to be allowed to see the drafts, it was pointed out to the Board that it was considered essential, if the new scheme for dealing with Venereal Diseases is to receive the hearty co-operation of the profession, that the local medical profession shall be asked to nominate representatives to serve upon any Committee having control of the arrangements under the local scheme.

On the initiative of the National Council for Combating Venereal Diseases, upon the Executive of which the Chairman of Representative Meetings now represents the Association, conferences are to be held throughout the country under the auspices of the local authorities for the discussion of the local schemes for dealing with the diseases. The Council urges upon the Divisions the great importance of the local medical profession being represented at all such conferences.

The Council recommends:

Recommendation F.—That the Representative Body approve the Report on the Recommendations of the Royal Commission on Venereal Diseases submitted by the Council. (For the Report *see* Appendix I., p. 14.)

MATERNITY AND CHILD WELFARE.

Payment of Medical Practitioners for Work in connection with Schemes.

(Continuation of para. 96 of Annual Report, p. 95.)

189. The Council has carefully considered Mins. 125-8 of the A.R.M., 1915, in connection with the question of Maternity and Child Welfare schemes, and submits a separate Report dealing with the question referred by the Representative Body to the Council, viz., that of the remuneration of medical practitioners for work in connection with such schemes.

The Council recommends:

Recommendation G.—That the Representative Body approve the Report submitted by the Council on the remuneration of medical practitioners in connection with Maternity and Child Welfare schemes. (For the Report, *see* Appendix II., p. 16.)

Recommendation H.—That no advertisement be published in the *Journal* for a whole-time Medical Officer for a Maternity and Child Welfare Centre where a less

salary than £350 per annum, exclusive of travelling expenses, clerical assistance, stationery and postage, etc., is offered.

Recommendation I.—That no advertisement be published in the *Journal* for a part-time Medical Officer for a Maternity and Child Welfare Centre where the salary is less than at the rate of 10s. for an attendance of one hour.

Attitude of Local Government Board in respect of Schemes.

190. In view of difficulties arising in one or two districts where the local medical profession had suggested to the local Town Council that Maternity and Child Welfare Centres about to be established should be staffed by the local medical profession rather than by whole-time medical officers as suggested by the local Council, a deputation from the Association waited upon Dr. Newsholme, Chief Medical Officer of the Board. The deputation gathered that the Board made no hard and fast rule as to whether such centres should be staffed by members of the local profession or by whole-time salaried officers, but that each case would be considered on its merits, and that the Board would be quite prepared to sanction schemes based on the principles of the Association's policy if they were considered to promise efficiency, and provided that no such scheme should admit of the possibility of a patient being seen by different medical officers on successive attendances of the patient at the Centre.

FEES FOR NOTIFICATION OF INFECTIOUS DISEASES.

(Continuation of paras. 107–9 of Annual Report, p. 96.)

191. The Council recommends:

[Recommendation J.]—That the Representative Body express its great regret and indignation at the action of the Government in reducing at the present juncture the fees to medical practitioners for notification of infectious diseases, and represent, on behalf of the medical profession, that the reduction must be considered as a temporary measure, and as one of the medical profession's contributions to the national need.

CENTRAL EMERGENCY FUND.

192. On January 1st, 1916, the Fund had a credit balance of £943. 9s. 4d. Since January 1st up to June 8th inclusive, subscriptions of £68. 0s. 10d. have been received, and £2. 18s. 6d. deposit interest. A grant of £100 has been made from the Fund to a Division on behalf of one of its members.

TRAINING AND CERTIFICATION OF MASSEURS AND MASSEUSES.

193. A conference has been held with representatives of the Incorporated Society of Trained Masseuses, and this body was urged (i.) that establishments for the teaching by medical practitioners of pupil masseurs and masseuses who desire the certificate of the Society, should only be inspected by medical members of the Society, and (ii.) that there should be medical representation on the Council or other Executive Body of the Society. The matter is still under consideration.

SUGGESTED LICENCE DUTY ON PETROL INSTEAD OF THE PROPOSED INCREASED TAX ON MOTOR-CARS.

(Continuation of para. 103 of Annual Report, p. 95.)

194. Subsequent to the reply received from the Chancellor of the Exchequer, already reported to the Representative Body, that medical practitioners were to be entitled to a rebate of half the new tax on motor-cars, a reply was given by him to a question in the House of Commons that there was no intention on the part of the Government to remit the whole of the tax on doctors' cars, on the ground that they were used for professional purposes which were of national importance. On publication in the *Journal* of this reply, a considerable number of complaints were received from medical practitioners against any increase of taxation of cars used for professional purposes only. It was announced on June 21st that the proposed new tax on motor-cars would be withdrawn, and that an extra licence duty would be imposed of 6d. per gallon on petrol, with a reduction of one half that amount in the case of doctors and veterinary surgeons, and total exemption for trade cars. The Council has decided to take no further action in view of this recognition of the special position of the medical practitioner.

PROPOSED DISCONTINUANCE OF REPORTS OF CERTIFYING FACTORY SURGEONS.

(Continuation of para. 110 of Annual Report, p. 96.)

195. A joint deputation of members of the Medico-Political Committee and of the Certifying Factory Surgeons' Association waited upon the Home Secretary on May 5th. The representations of the deputation to the Home Secretary were to the same effect as the views stated in para. 110 of the Annual Report of the Council. The deputation was, however, unable to make any impression upon the Home Secretary as to the need for the retention of the reports of Certifying Factory Surgeons on accidents. In view of the unsatisfactory result of the deputation, both the Certifying Factory Surgeons' Association and the British Medical Association have communicated with a number of Members of Parliament drawing their attention to the proposal of the Government, and asking for their support in resisting the proposal.

Sir Philip Magnus promised to watch on behalf of the Association any Bill dealing with the subject that might be introduced.

In clause 8 of the Police, etc. (Miscellaneous Provisions) Bill, which was read a first time on June 1st, 1916, the Government seeks to give effect to the proposal of the Government Retrenchment Committee that reports of Certifying Surgeons on accidents be abolished.

Sir Henry Craik has put down a notice which will secure a proper consideration of this clause when it comes before the House, and a further communication has been sent to a number of Members of Parliament asking for their co-operation in resisting the clause.

SCHOOL MEDICAL OFFICERS AND MEMBERS OF TEACHING STAFFS.

(Continuation of para. 93 of Annual Report, p. 94.)

196. An arrangement has been arrived at between the Medico-Political Committee and the National Union of Teachers, whereby the services of the Association and the Union may be used for clearing up misunderstandings arising between members of the school medical and teaching staffs in any area. Recently this arrangement was put to its first test with extremely satisfactory results, greatly appreciated both by the teachers and the doctor concerned.

PRIVATE BILLS IN PARLIAMENT AFFECTING THE PROFESSION.

(Continuation of paras. 116-8 of Annual Report, p. 97.)

197. As a result of the communication to the General Medical Council referred to in para. 117 of the Annual Report of the Council, the President of the General Medical Council is, it is understood, consulting the Government authorities as to the advisability of that Council obtaining private Bills affecting the medical profession for consideration before they are passed into law.

MANUFACTURE OF DRUGS AND CHEMICALS HITHERTO IMPORTED FROM GERMANY.

(Continuation of para. 115 of Annual Report, p. 97.)

198. In para. 115 of its Annual Report the Council reported that it had asked the Government to consider the desirability of assisting British manufacturing chemists to produce those necessary drugs and chemicals of the preparation of which Germany before the War had a monopoly, and that it was also bringing the matter before the Board of Trade, Local Government Board, National Health Insurance Commission, Pharmaceutical Society of Great Britain, and Society of Chemical Industry. The Board of Trade, the Local Government Board and the Pharmaceutical Society sent formal acknowledgements only. The Insurance Commissioners replied (a) that they had been charged by the Government with the duty of maintaining under close observation during the course of the War the conditions affecting the supply of chemical and other products of importance directly or indirectly used in medicine, and of advising from time to time upon the action necessary to obtain or conserve adequate supplies of such products, and (b) that if the Association had in mind any particular drugs to which importance was attached, and which were not obtainable in sufficient quantities for purposes for which they were considered necessary, they would be glad to have details

in order that they might consider what further action was possible. The attention of the Commissioners is being drawn to the case of certain drugs accordingly. The Society of Chemical Industry replied that they cordially agreed with the action which the Association was taking, and would be pleased to give any assistance in their power.

PROPOSED BILL FOR THE REGISTRATION OF NURSES.

(Continuation of paras. 105-6 of Annual Report, p. 96.)

199. In view of the recent establishment of a College of Nursing, conferences have taken place between representatives of that Body and of the Central Committee for the State Registration of Nurses in order to ascertain whether a Bill can be agreed upon which will secure the efficient and proper registration of Nurses. It is hoped that by the time of the Representative Meeting it will be possible to report more fully on the progress that has been made.

The Council recommends:—

[Recommendation K.]—That the Representative Body take into consideration the possibility of establishing by means of the proposed Bill now under consideration by the College of Nursing and the Central Committee for the State Registration of Nurses, the general principles desired by the Association in respect of the State Registration of Nurses, and whether the Association would be justified in supporting the Bill.

UNDER CONSIDERATION.

200. (i.) Suggested uniform forms for notification of infectious diseases by practitioners, forwarded by the Local Government Board for comment by the Association.

(ii.) A communication from the Central Control Board (Liquor Traffic) as to a draft Regulation which that Board has under consideration regarding the sale of medicated wines.

(I) National Health Insurance.

REMOVAL OF NAMES OF INSURED PERSONS FROM DOCTORS' LISTS.

201. In view of complaints that notwithstanding the instructions of the Commissioners it is still the practice of some Insurance Committees to remove the names of insured persons from doctors' lists upon merely receiving notification of change of address, instead of waiting until a notification has been received that the insured person in question has been accepted by another practitioner, the attention of the Commissioners has been drawn to the matter. The Commissioners replied that if the Association would supply instances of the practice referred to they would at once inquire into them. Application has been made to the Panel Committees for details of cases, and the information received will be conveyed to the Commissioners.

DELAY IN DOCTORS BEING NOTIFIED THAT PERSONS ON THEIR LISTS HAVE CEASED TO BE INSURED.

202. Representations have been made to the Commissioners that many complaints are still being received by the Association as to delay in notifying practitioners that persons on their lists have ceased to be insured, with the result that practitioners may continue to treat people for whom they have ceased to be credited with payment. The Commissioners have replied that the delay is largely due to the difficulty of Approved Societies as regards obtaining information which would enable them to inform Insurance Committees that the person had ceased to be insured. The Commissioners also state that they have always urged upon Societies, by means of circulars and in individual cases, the necessity for prompt notification of Insurance Committees, and that they will continue to use their utmost endeavours in that direction.

PUBLICATION OF INFORMATION AS TO INSURANCE WORK OF ASSOCIATION.

203. In order to keep the members of the Association better informed of current action by the Association, arrangements have been made for the publication, weekly so far as possible, of information of the kind, not only as to Insurance questions but as to all subjects affecting the profession. These notes have been commenced under the title "Current Notes."

VENEREAL DISEASES.

204. In view of the publication of the Report of the Royal Commission on Venereal Diseases, and the action being taken by the Local Government Board and the National Council for Combating Venereal Diseases to put the Recommendations of the Commission into effect, the Council has again considered the position of insured persons incapacitated from work by venereal disease and who are at present refused Sickness Benefit because they are suffering from a disease caused by "their own misconduct." The Council in July, 1915, drew the attention of the Commissioners to a resolution (which the Council fully endorsed) passed by the 1915 Conference of Representatives of Local Medical and Panel Committees to the effect that such persons should not be refused Sickness Benefit. The Chairman of the National Health Insurance Joint Committee at that time stated that the expression of opinion had been duly noted.

The Council has again expressed the opinion, which it has caused to be published in the *Journal* and circulated to all Local Medical and Panel Committees, that where an insured person is suffering from any venereal disease which would cause the patient to be refused Sickness Benefit under the Insurance Acts because the disease was due to his own misconduct, he should not be debarred from Sickness Benefit if in the opinion of his medical attendant he cannot be efficiently treated without enforced rest. The Council has asked Local Medical and Panel Committees to do what they can to persuade the representatives of Approved Societies that the true interests of the societies and of the Community lie in curing venereal disease as quickly as possible, and that the deprivation of Sickness Benefit compels many sufferers to keep at work when they should be in bed.

Recommendation D.—That the National Health Insurance Commission be informed that in the opinion of the Association no insured person should, because he is suffering from venereal disease, be refused Sickness Benefit if in the opinion of his medical attendant he cannot be efficiently treated without enforced rest.

PAYMENTS TO PANEL PRACTITIONERS: PROPOSED EMERGENCY SETTLEMENT OF 1915 ACCOUNTS.

(Continuation of paras. 143-5 of Annual Report, p. 99.)

205. In paragraph 145 of its Annual Report the Council intimated that the question had arisen as to whether the same delay would take place as regards the settlement of the 1915 accounts as took place with respect to the 1914 accounts. At an interview with the Commissioners on April 18th, the latter stated that so far as they knew there was no possibility, if the procedure laid down in the Regulations was to be followed, of the settlement for 1915 taking less time than that for 1914, that is to say, the payment would not be made at the earliest before the beginning of 1917. After long discussion, a scheme (*see* Supplement of May 27th, p. 119) was suggested by the Commissioners which would allow of a settlement being brought about in about eight weeks after the Panel Committees had expressed their willingness to accept the plan. This scheme the Association promised to submit to the Panel Committees for their approval or rejection, and it was accordingly issued to Local Medical and Panel Committees on May 22nd, 1916, with a statement that the Insurance Acts Committee was satisfied that it was a fair attempt to deal with the demand of panel practitioners for an earlier settlement, and in fact the only means of securing such a settlement, pending the revision of the whole arrangements promised after the War. In view of the replies received from the Committees the Commissioners were informed that having taken the best means open to it of ascertaining the opinions of panel doctors throughout the country, the Association was satisfied that the plan was fair and suitable, and was desired by the great majority of those concerned.

NOMINEES OF LOCAL MEDICAL AND PANEL COMMITTEES ON INSURANCE ACTS COMMITTEE.

206. In view of the appointment of an Insurance Acts Committee for 1916-17 by the Representative Body in July, and the fact that no Conference of representatives of Local Medical and Panel Committees will take place before then at which nominations could be made for the six representatives of those Committees for co-option to that Committee, the Local Medical and Panel Committees were asked whether they approved of the present representatives continuing in office until the end of next Session. The replies being practically

unanimous in favour of this course, the Insurance Acts Committee for 1916-17 will be recommended to reappoint the present nominees, namely, Dr. P. V. Fry (West Riding, Yorks), Dr. T. Campbell (Lancashire), Dr. T. Ridley Bailey (Staffs), Mr. H. B. Brackenbury (Middlesex), Mr. P. Napier Jones (Berks), and Dr. J. R. Drever (Glasgow).

STOCK MIXTURES.

Agreed List.

(Continuation of paras. 137-9 of Annual Report, p. 99.)

207. It was intimated in para. 139 of the Annual Report of the Council that negotiations with the Commissioners and the Pharmaceutical Society were in progress as to the compilation of a list of formulæ for liquid preparations from which Panel Committees might select not more than ten for which a reduced dispensing fee would be paid. The Commissioners have now issued the list of mixtures agreed upon by the Association and the Society, or adjudged by the Commissioners to be capable of being stocked in bulk without deterioration.

TRAVELLING EXPENSES OF MEMBERS OF PANEL COMMITTEES.

(Continuation of para. 148 of Annual Report, p. 100.)

208. The Council reported in para. 148 of its Annual Report that it had urged upon the Commissioners that Panel Committees should be allowed, if they so desired, to make use of the statutory allotment from the Medical Benefit Fund for the payment of travelling expenses of their members. The Commissioners have replied that the proposal is one which they are advised would require legislation, but that they have noted it for consideration in connection with any suitable occasion which may arise (Supplement, June 3rd, p. 130). The Council has also noted the point for consideration when questions of the amendment of the Acts or Regulations arise.

FRIVOLOUS AND VEXATIOUS COMPLAINTS.

209. The Council has obtained the opinion of the solicitor in connection with the annoyance caused to practitioners by third parties bringing frivolous or vexatious complaints against them before Insurance Committees. The solicitor's opinion is to the effect that as the Regulations now stand no steps can effectively be taken legally to prevent complaints made by third parties being entertained by an Insurance Committee, but he suggests that Insurance Committees should satisfy themselves that the person making the complaint had the authority of the insured person and was acting *bona fide* in the patient's interests, before referring the complaint to the Medical Service Sub-Committee. Meantime the Commissioners, in a recently issued circular to Insurance Committees, had suggested to these bodies the course of action now advised by the solicitor. The general question has been noted for consideration in connection with amendment of the Regulations.

TIME LIMIT FOR BRINGING COMPLAINTS AGAINST DOCTORS.

210. The Council has also noted for consideration in connection with amendment of the Regulations the suggestion that Insurance Committees should have no power to investigate complaints against doctors when the acts complained of have taken place more than twelve months previously.

UNDER CONSIDERATION.

(i.) Question concerning the fining of Insurance practitioners.

(ii.) Alleged growing practice of Commissioners consulting Panel Committee through Insurance Committee instead of direct.

(iii.) Urging upon Commissioners their adoption of a uniform prescription book.

(iv.) Various questions as to payment of Insurance practitioners.

(v.) Question of action in support of panel system as opposed to further developments in the direction of a whole-time State service.

(vi.) Question of Central Insurance Defence Fund and proposed fund for assisting practitioners who have served in Army or Navy.

(vii.) Questions in connection with temporary residents.

J. A. MACDONALD,
Chairman of Council.

July 4th, 1916.

APPENDIX I.

REPORT OF COUNCIL ON RECOMMENDATIONS OF ROYAL COMMISSION ON VENEREAL DISEASES.

(See para. 188 of Supplementary Report of Council.)

1. The Council has already (Annual Report, para. 111) expressed its general approval of the Report of the Royal Commission on Venereal Diseases and is glad to report that the Chairman of Representative Meetings has been appointed a member of the Executive Committee of the National Council for Combating Venereal Diseases which is taking such an active part in pressing on the Government and the public the need for energetic work on the lines of the Report of the Commission.

2. The Council now presents a series of Recommendations for the consideration of the Divisions and Representative Body. These recommendations are based on the Report of the Royal Commission, being indeed in many cases in the actual words of that Report. It is the intention of the Council to press on the Local Government Board and on local authorities the policy embodied in these recommendations after they receive the endorsement of the Representative Body.

CONFIDENTIAL REGISTRATION AND CERTIFICATION OF THE CAUSE OF DEATH.

Recommendation A.—That arrangements should be made for the confidential registration or certification of the causes of death, the proposals of the Registrar General being commended for consideration. *(Recommendation 1 of Royal Commission.)*

3. The Royal Commission has thus given its approval to a policy which was enunciated by the Association in 1910 in its evidence submitted to the Departmental Committee on Coroners' Law.

UNIFORM RECORDS OF SICKNESS IN INSTITUTIONS.

Recommendation B.—That the Local Government Board should devise a uniform system of records of sickness in Hospitals and Poor Law Establishments with the object of securing accurate statistical information as regards the prevalence of disease among persons who receive institutional treatment. *(Recommendation 3 of Royal Commission.)* The cost of these should be borne by the Local Government Board.

FACILITIES FOR DIAGNOSIS OF VENEREAL DISEASES.

Recommendation C.—That extended facilities should be made available for the diagnosis of venereal diseases by laboratory methods. To whatever body the organisation of this service is entrusted such service should include the provision of laboratory facilities having for their object the prevention, diagnosis, and treatment of diseases in general.

In any schemes framed by local authorities the fullest use should be made of the laboratory facilities at Universities and Hospitals.

4. The recommendation of the Royal Commission on this point is that the organisation of local services shall be entrusted to County Councils and County Borough Councils. The A.R.M., 1914, when considering the question of the future developments of the Insurance Acts expressed the opinion that in any future developments of the medical service under those Acts, the clinical arrangements should not be placed under the Public Health Authority, but either (i.) under a new Clinical Authority, composed of representatives of the Insurance, Public Health and Education Local Authorities, with representatives of the Local Medical and Panel Committees and of the local Hospitals, or (ii.) under the Insurance Committee, strengthened for this purpose by the addition of representatives of the above-named bodies.

TREATMENT OF VENEREAL DISEASES.

Recommendation D.—That measures should be taken to render the best modern treatment of venereal diseases readily available for the whole community, and the arrangements should be such that persons affected by these diseases will have no hesitation in taking advantage of the

facilities for treatment which are afforded. That every registered medical practitioner should be in a position to insure his patients access to institutional treatment when he considers that course desirable.

5. The first sentence of this Recommendation is Recommendation 7 of the Royal Commission. The Council notes with pleasure that the L.G.B. in the memoranda proposed to be issued on this subject has recognised the right of the practitioner to secure the treatment in hospital of any patients suffering from these diseases and believed to be proper subjects for hospital treatment.

REPRESENTATION OF MEDICAL PROFESSION ON COMMITTEES FOR DEALING WITH LOCAL SCHEMES.

Recommendation E.—That it is essential for the satisfactory working of any scheme for the diagnosis and treatment of venereal diseases that the local medical profession shall be asked to nominate representatives who shall be entitled to serve upon any Committee having control of any such arrangements.

6. In view of the expressed desire of the Royal Commission to secure the hearty co-operation of the medical profession in local schemes for the diagnosis and treatment of venereal diseases, the Council considers that it is essential that members of the profession, duly nominated by the local profession should be placed on any bodies set up to administer such schemes.

7. The Council is strongly of opinion that the Divisions should take steps to insure that the local profession shall be well represented at the local conferences which it is understood are shortly to be called in every area to discuss the inauguration of local schemes, and trusts that previous to the holding of such conferences, united action on behalf of the local profession will be secured by the Divisions.

HOSPITAL TREATMENT OF VENEREAL DISEASES.

Recommendation F.—That institutional treatment should, as far as possible, be provided at general hospitals and clinics, and local authorities should, as the first step in the preparation of their schemes, approach the general hospitals and the local medical profession in their areas with a view to making arrangements for treatment.

Recommendation G.—That a voluntary institution providing a clinic or beds for the treatment of cases of venereal disease should be carried on in accordance with the following principles:—

(a) that the organisation may run concurrently with that of the institution.

(b) that the accounts should be kept so as to show the approximate aggregate cost of the treatment of such patients, including the cost of medical attendance and treatment.

(c) that special medical officers selected as far as possible from amongst the local practitioners should be appointed to carry on the work of the venereal wards or clinics, and should work under the supervision of the honorary staff;

(d) that the services of all members of the medical staff concerned with the special treatment of such patients shall be paid for by the State and local authority.

Recommendation H.—That from all payments received by the Governing Body of a voluntary medical institution from the State and local authority in respect of the venereal medical service, a proportion to be agreed upon between the Governing Body and the Honorary Medical Staff should be placed to a Special Fund which shall belong to the Honorary Medical Staff.

Recommendation I.—That the Honorary Medical Staffs may find the following suggestions valuable in connection with the disposal of the moneys in the Special Fund, and accordingly the Association suggests to the Hospital Staffs concerned that one or more of the following methods of distribution of any moneys in the Special Fund may be found suitable:—

(a) to the members of Honorary Medical Staffs for their own personal disposal;

(b) for the assistance of members of the medical staff in connection with research work;

(c) for the purchase of instruments, books, etc., for the use of the medical staff or for lending to other members of the profession;

(d) for the initiation or development of post-graduate teaching in the institution;

(e) the institution of a local medical benevolent fund, administered by the members of the honorary medical staff, for dealing with necessitous cases, (*e.g.* widows and children of former colleagues);

(f) grants to any recognised medical benevolent fund or institution; or

(g) otherwise as the majority of the medical staff may decide.

8. In the above recommendations G, H, and I, the Council submits as suitable in this connection recommendations which were adopted by the Representative Body at Aberdeen regarding treatment in hospitals of tuberculosis and maternity cases.

CONTINUITY OF TREATMENT IN HOSPITAL AND AFTERWARDS.

Recommendation J.—That when a patient is discharged from an institution it is imperative for the continuity of treatment, that a report as to his treatment during his attendance at the institution, which he can present to any medical practitioner whom he may afterwards consult should be at the disposal of the patient, but kept in the institution.

FREE TREATMENT AT INSTITUTIONS.

Recommendation K.—That treatment at any institution included in a local authority's scheme should be free to all. There should be no refusal to treat a patient who is unwilling to go to his own doctor. (*Rec. 10 of Royal Commission.*)

9. The Council recognises this to be a new departure of a most important kind. The policy of the Association in connection with treatment at hospitals has always been that persons who are able to pay for their own treatment should not be treated at charitable institutions except in emergency, but should be referred to a private practitioner. In endorsing the recommendation of the Royal Commission the Council recognises the exceptional nature of venereal diseases; the reluctance of persons affected by them to go to their private medical attendant; the risk that they may go to unqualified persons for treatment with disastrous results to themselves and to others; and the importance to the community of adopting all possible measures for inducing sufferers from venereal disease to seek early and adequate treatment. On these grounds the Council is of opinion that the recommendation of the Royal Commission should be accepted and approved by the Association.

EVENING CLINICS AT HOSPITALS.

Recommendation L.—That special arrangements, such as evening clinics, should be made for the treatment of out-patients at hours convenient to the working classes. (*Rec. 12 of Royal Commission.*)

10. The adoption by hospitals of the procedure suggested in the above recommendation will, of course, mean a considerable alteration of hospital arrangements. But considering that this work will be undertaken by a paid staff whose salaries will be met out of public funds, the Council is of opinion that the necessary re-arrangements should be made in order to meet the needs of the working classes.

FREE SUPPLY OF SALVARSAN, ETC.

Recommendation M.—That Salvarsan and other expensive treatment should be supplied gratuitously to all doctors for the treatment of their patients.

11. The issue of Salvarsan or its substitutes was, however, recommended by the Royal Commission to be subject to proper safeguards, and this has been interpreted by the L.G.B. to mean the issue to medical practitioners authorised by the Medical Officer of the Clinic, such authorisation being limited to practitioners who are known to have experience in their administration. With this recommendation the Council agrees.

12. The Council feels strongly that any provision made by the State for the institutional treatment of venereal diseases should not exclude the provision of better facilities for treatment by private practitioners if patients so desire, hence the recommendation of free Salvarsan, etc., and free laboratory facilities for the purpose of diagnosis.

WARNING TO PATIENTS.

Recommendation N.—That the obligation should be impressed upon all doctors who treat syphilis and gonorrhœa in institutions or privately to hand cards of instruction and warning to their patients. These cards should be in some such form as those given in the Report, and should be provided at the public expense. (*Rec. 14 of Royal Commission*).

PROFESSIONAL SECRECY AND RECOMMENDATION 25 OF ROYAL COMMISSION ON VENEREAL DISEASES.

Recommendation O.—That, in the opinion of the R.B., no amendment of the law to provide that a communication such as is contemplated in para. (25) of the Report of the Royal Commission on Venereal Diseases shall be privileged is called for unless and until the duty of making such communications is imposed on medical practitioners as a statutory obligation.

13. The Council has considered the following Recommendation 25 of the Royal Commission :—

> 25. The law should be amended to provide that a communication made *bona fide* by a medical practitioner to a parent, guardian or any other person directly interested in the welfare of a woman, or man, with the object of preventing or delaying a marriage of a person who is in an infectious condition from venereal disease, shall be a privileged communication (para. 205 of Report of Commission).

14. In view of the following principles approved by the A.R.M., 1915, viz. :

> (a) that a medical practitioner should not under any circumstances disclose voluntarily, without the patient's consent, information which he has obtained from that patient in the exercise of his professional duties,
>
> (b) that the Association is advised that the State has no right to claim that an obligation rests upon a medical practitioner to disclose voluntarily information which he has obtained in the exercise of his professional duties,

the Council feels very strongly that a medical practitioner is not at liberty, except with the consent of the patient, to make any such communication as is contemplated in Recommendation 25 of the Royal Commission and submits the above Recommendation O.

ACCESS OF PROFESSION TO INSTITUTIONS.

Recommendation P.—That medical students and practitioners should have reasonable access, for educational purposes, to the treatment of venereal diseases at any institution dealing with these diseases as part of a local authority's scheme (*Rec. 15 of Royal Commission*) whether they be clinics, wards, laboratories or other place subsidised by State funds.

DETENTION OF POOR LAW PATIENTS SUFFERING FROM VENEREAL DISEASES.

Recommendation Q.—That the provisions of section 22 of the Poor Law Amendment Act, 1867, should be available to secure the detention, where necessary, of Poor Law patients suffering from venereal diseases. If necessary, the applicability of this section to the case of venereal diseases should be made clear by legislation. (*Recommendation 18 of Royal Commission*).

PROHIBITION OF ADVERTISEMENTS OF REMEDIES FOR VENEREAL DISEASES.

Recommendation R.—That the Government be urged to put into force the Recommendations of the Select Committee on Patent Medicines regarding the prohibition of all advertisements of remedies for venereal diseases (*Rec. 24 of Royal Commission*), in view of the statement by the Royal Commission on Venereal Diseases that it had no hesitation in stating that the effects of unqualified practice in regard to venereal diseases are disastrous, and that in its opinion the continued existence of unqualified practice constituted one of the principal hindrances to the eradication of those diseases (*para. 190 of Report of Commission*).

15. Recommendation R endorses the policy of the Association which was submitted to and approved by the Select Committee on Patent Medicines.

DECLARATION BY PERSONS ABOUT TO MARRY.

Recommendation S.—That the principle be approved that all persons about to be married should present among other particulars required to be declared by them a declaration of freedom from contagious or infectious disease.

16. Persons about to marry must make a declaration of certain particulars to the civil authorities. The Council considers that the addition of a declaration of freedom from infectious or contagious disease (with the same penalty as regards a false declaration as applies to the other particulars) would have an excellent effect in bringing home to those about to marry the serious responsibility incurred in taking this step if there be any doubt as to freedom from venereal disease.

DUTY OF MEDICAL PROFESSION AS EDUCATORS OF PUBLIC.

Recommendation T.—That the Representative Body express its complete agreement with the Recommendations of the Royal Commission urging the necessity for the better education of the general public on the grievous effects caused by venereal infections to personal life and happiness and on the grave injury done by such infections to the national welfare; and pledge the Association to an increasing exercise of the educative influence that can be exerted through the confidential relations that exist between the members of the profession and the community.

APPENDIX II.

REPORT OF COUNCIL ON REMUNERATION OF MEDICAL PRACTITIONERS IN CONNECTION WITH MATERNITY AND CHILD WELFARE SCHEMES.

(See paragraph 189 of Supplementary Report of Council.)

1. The Special Report submitted to the A.R.M., 1915, on Maternity and Child Welfare Schemes was intended to demonstrate to public authorities that the work could be done better and more economically by general practitioners than by whole-time officers. Whilst approving of that section of the Report, the Representative Body came to no decision on the question of remuneration, but left it to the Council to decide the amount of remuneration that should be required and the matter of the fixation of minimum fees. The Council was also instructed to take into consideration the following amendment proposed by Lieut. Fothergill :—

> That the engagement of a doctor be placed so far as possible on the same terms and conditions as in the case of the treatment of school children scheme.

2. In December, 1915, the Report as approved by the Representative Body, was circulated to Local Authorities and to Divisions and Branches of the Association for their information, the latter being informed that the Medico-Political Committee was reconsidering the financial question, and would be glad to have the views of any Division or Branch thereon.

3. The recommendations submitted to the Representative Body on the question of remuneration were purposely based on a low scale, because it was recognised that any scheme to be acceptable to a public authority must compare favourably with the cost of employing a whole-time officer. It was felt that even a low rate of payment was better than the serious loss to be anticipated if the clinical attendance on the majority of children under 5 years of age were to be diverted into the hands of whole-time officers. In making its recommendations the Council had borne in mind the analogous case of

the treatment of school children, and in connection with treatment at Maternity Centres the rate of payment suggested closely approximated to that accepted by the Association as appropriate for School Centres. The question of remuneration under Child Welfare Schemes is, however, complicated by the fact that Local Authorities may give not only treatment for specified diseases at Centres but also treatment for any and every disease of children either at a Centre, in the patient's own home, or elsewhere, and to women during pregnancy at or after confinement.

4. The Council has carefully reconsidered the question and **recommends** the adoption of the following minimum rates of remuneration :—

Attendance at a Centre.

For at least one hour, if necessary, 7s. 6d. ; for this fee the practitioner would see not more than six cases ; for every two cases seen beyond this number an additional fee of 2s. 6d. to be paid, an odd case being reckoned as two. Both practitioners and patients would be expected to attend punctually at the time appointed and if on occasion there should not be sufficient cases to occupy the whole time, the practitioner would not be expected to wait till the end of the time.

or

For each complete hour 10s., not more than eight cases being seen in the hour, and help being given by a nurse as set out in the Scheme.

Attendance at Home.

A capitation fee of 14s. per person (mother or child) assigned for treatment by the local Authority.

The money thus assigned could be distributed in either of the following ways :

(i.) by direct capitation payment for each patient on each doctor's list.

(ii.) by payment per attendance out of a pool, bills being discounted if necessary.

5. A basis of payment for home treatment is difficult to arrive at so long as the amount of attendance required is an unknown quantity. The method and rate of this payment should be regarded as tentative and experimental, but it might well be tried in a suitable case for a short period. The amount is arrived at from the following considerations :—It is found that among insured persons at least 50% apply to their doctors for treatment each year, i.e., if a capitation were to be calculated on the basis of payment per patient, and not per person liable to become a patient, the rate would have to be about double what it is under the Insurance Acts. The giving of home treatment is however not likely to be adopted immediately by any Local Authority.

6. If objection be taken by practitioners to the above scheme on the ground that the payment is inadequate it may be pointed out (i.) that the scheme to be acceptable must compare favourably financially with the employment of a whole-time officer ; (ii.) that if this and similar work gets into the hands of institutions or whole-time officers the private practitioner will get no remuneration at all and will lose many fees which he now earns; (iii.) that the scheme must be regarded as a method of combating the tendency to divert clinical work into the hands of whole-time officers, and thus as a means of maintaining and improving the status, professional capacity and efficiency of the private practitioner ; and (iv.) the remuneration is practically the same as that provided for under the Association's Scheme for School Centres where £50 per annum is paid for one attendance of about 2½ hours a week for the school year, namely, 40 weeks.

7. The Council desires to impress upon the Representative Body and the profession generally the real importance of this question, upon the proper handling of which by the profession depend considerable and far reaching effects in the future. The Council in the Report approved by the A.R.M., 1915, indicated the general principles upon which it considered schemes should be based, and it is therefore unnecessary at the present time to recapitulate the arguments then advanced. Up to the present the Council is aware of only one more detailed scheme having been drawn up by a Division upon the lines suggested by the Association, and a copy of this is appended hereto for the information and guidance of other Divisions in approaching local authorities who contemplate the establishment of any such service. (*See* Sub-Appendix.)

SUB-APPENDIX.

SCHEME FOR GIVING ADVICE AND TREATMENT SUBMITTED TO THE TOWN COUNCIL BY THE MEDICAL PRACTITIONERS OF HORNSEY.

I. The work of general supervision including responsibility for records and statistics, and the following up of cases to see that adequate treatment is by some means obtained would be done by the Medical Officer of Health assisted by one or more nurses or health visitors. The Medical Officer of Health would be responsible for reporting to the Committee as to the regularity and punctuality of practitioners in attending to their duties and as to the general efficiency of their work under the Scheme, but he would not interfere with the actual treatment prescribed by the practitioner in individual cases.

II. Attendance at such Centres as may be established for the purpose of giving advice and deciding if further treatment is necessary, and of giving treatment to such cases (if any) as the Town Council may decide upon would be arranged for by the appointment for the purpose of all local practitioners who were prepared to undertake it. If the number of practitioners willing to undertake the work is in excess of the requirements, the practitioners themselves should arrange the order in which the required number should be employed, provided that no practitioner should be engaged for a less period than six consecutive months, and that if wishing to relinquish the work at any other time than the end of the period for which he was appointed he should be expected to give not less than three months' notice of his intention.

III. Such practitioners would be required to attend at the Centre for a certain time (say one or two hours) on certain days at fixed intervals. The work at the Centre would be regarded as the first duty of the practitioners at the time appointed. The general nature of their work would be the examination of expectant mothers, or of infants and young children, and giving advice with regard to them, together with the keeping of such records, and giving such treatment as might be required by the Town Council.

IV. In order to allow of sufficient time to ensure efficient work, not more than eight cases an hour should be seen, a nurse or health visitor being in attendance, and doing all such routine work (e.g., measuring, weighing, entering records, &c.), as can be properly carried out by a lay person.

V. All persons referred to, or coming to, the Centre would be allowed, as far as possible, to choose whichever practitioner on the list they preferred. If the person coming to the Centre does not exercise her choice, or if the exigencies of the service do not permit of an unrestricted choice, it would be the duty of the Medical Officer of Health to direct the time at which, and the practitioner before whom, the patient should attend.

VI. Attendance at confinements would not be included in this Scheme, and any appliances or medicines required would be supplied at the cost either of the patient or the Town Council.

VII. The remuneration of the practitioners for attendance at the Centre would be :—

For at least one hour, if necessary, 7s. 6d. For this fee the practitioners would see any number of cases not exceeding six.

For every two cases seen beyond this number, an additional fee of 2s. 6d. would be paid, an odd case being reckoned as two.

VIII. Both practitioners and patients would be expected to attend punctually at the time appointed, and if on occasion there should not be sufficient cases to occupy the whole time, the practitioner would not be expected to wait till the end of the time.

Association Intelligence.

PROCEEDINGS OF COUNCIL.

THERE was a meeting of the Council on June 28th, the proceedings commencing at 11 in the morning finished shortly before 8 o'clock in the evening.

Present:

Dr. J. A. MACDONALD, LL.D., Taunton, Chairman of Council in the Chair.
Dr. W. AINSLIE HOLLIS, Hove, Past President.
Mr. E. B. TURNER, London, Chairman of Representative Meetings.
Dr. EDWIN RAYNER, Stockport, Treasurer.

Dr. JOHN ADAMS, Glasgow
Lieut.-Colonel Sir JAMES BARR, M.D., LL.D., Liverpool
Dr. M. G. BIGGS, London
Lieut.-Colonel R. A. BOLAM, Newcastle-on-Tyne
Mr. H. B. BRACKENBURY, London
Major RUSSELL COOMBE, Netley
Dr. J. SINGLETON DARLING, Lurgan
Mr. EDWARD J. DOMVILLE, Exeter
Dr. DAVID EWART, Chichester (New Zealand Branch)
Major A. C. FARQUHARSON, Retford
Lieut. E. ROWLAND FOTHERGILL, Seaford
Dr. ADAM FULTON, Old Basford
Mr. T. W. H. GARSTANG, Altrincham
Dr. J. GIUSANI, Cork
Dr. THOMAS A. GOODFELLOW, Manchester
Dr. JOHN GORDON, Aberdeen
Mr. JAMES GREEN, Portsmouth
Dr. MAJOR GREENWOOD, London
Dr. J. R. HAMILTON, Hawick
Mr. N. BISHOP HARMAN, London
Dr. G. E. HASLIP, London
Lieut.-Colonel W. T. HAYWARD, London (Australasian Grouped Branches)
Mr. R. J. JOHNSTONE, Belfast
Major ALBERT LUCAS, Birmingham
Fleet Surgeon F. H. LUMLEY, R.N., Greenock (Royal Navy Medical Service)
Dr. H. C. MACTIER, Wolverhampton
Captain J. E. MOORHOUSE, Stirling
Major GEORGE PARKER, Bristol
Dr. F. J. SMITH, London
Dr. W. JOHNSON SMYTH, Bournemouth
Mr. T. JENNER VERRALL, LL.D., Bath
Dr. D. WALSHE, Graigue
Dr. CLAUDE WILSON, Tunbridge Wells
Dr. O. R. M. WOOD, Woolpit.

APOLOGIES FOR ABSENCE.

Letters of apology for non-attendance were read from Surgeon-General P. H. Benson, I.M.S., Dr. H. J. Campbell, Major T. Duncan Greenlees, Colonel R. I. D. Hackett, A.M.S., and Colonel J. Munro Moir.

MENTIONED IN DISPATCHES.

The Chairman reported that Lieutenant-Colonel Guy Stephen, R.A.M.C., Sub-Editor of the BRITISH MEDICAL JOURNAL, had been mentioned in the Dispatches of General Sir Douglas Haig, the Commander-in-Chief of the British Forces in France, for gallant and distinguished conduct in the field.

CAPTAIN F. C. LARKIN.

The Chairman reported that he had been unable to persuade Captain F. C. Larkin, representative of the Lancashire and Cheshire Branch, to withdraw his resignation tendered at the April meeting of the Council.

WITTENBERG CAMP.

A communication from the Association of Public Vaccinators of England and Wales inquiring if the British Medical Association proposed to promote any memorial to the memory of those doctors who rendered such noble service to the prisoners at the Wittenberg Camp, in which case the Council of the Association of Public Vaccinators would do everything to promote the success of such memorial amongst its members, was referred to a Committee consisting of the officers of the Association for consideration and report.

ABSTENTION FROM ALCOHOLIC DRINK DURING THE WAR.

A resolution passed by the annual meeting of the South Carnarvonshire and Merioneth Division, appealing to the Council of the Association to make some pronouncement as to the abstention from alcohol as a beverage during the war, was considered, and the proposal to submit some such declaration to the Representative Body was lost.

PATRIOTIC FUND.

In the opinion of the Council it is to be anticipated that, owing to the exceptional conditions of many medical practitioners now taking temporary service in the Naval Medical Service and the R.A.M.C., cases of serious temporary financial embarrassment will arise and will need to be dealt with if the sacrifices made by these men are not to cause permanent loss of status and livelihood, and that such embarrassments may best be met by the formation of a loan fund from which loans can be made in suitable circumstances on terms that cannot be obtained under ordinary financial arrangements. The Council hopes to arrange an interview with the D.G.A.M.S., to ascertain his views as to the best means of carrying out such a loan fund. The Chairmen of the Council, the Representative Body, the Central Medical War Committee, and the Central Medical War Executive Subcommittee, together with Mr. Bishop Harman and Dr. Alfred Cox, were appointed to meet the Director-General if he so desires.

ACCOUNTS.

The accounts of the period ending June 3rd, 1916, amounting to £10,438 19s. 2d., were approved, and the Treasurer empowered to pay those remaining unpaid.

THE TREASURERSHIP.

The Council agreed to submit to the Representative Body the names of Dr. G. E. Haslip (London) and Dr. R. Langdon-Down (London), as suitable for the office of Treasurer, Dr. Rayner having intimated that he would not consider a further term of office.

THE TREASURER.

On the motion of the CHAIRMAN of COUNCIL, seconded by the CHAIRMAN OF THE REPRESENTATIVE BODY, and supported by Dr. JENNER VERRALL, it was unanimously resolved that the Council tender to Dr. Rayner a cordial vote of thanks for his skilful and effective management of the finances of the Association during a critical period, and for his unswerving devotion to its interests during his nine years of office as its treasurer.

CANDIDATES FOR ELECTION TO THE ASSOCIATION.

The five candidates whose names appeared on the notice convening the meeting were duly elected members of the British Medical Association.

ELECTION OF COUNCIL, SESSION 1916–17.

The CHAIRMAN reported the election of the 1916–17 Council (the full return was published in the SUPPLEMENT of June 24th, p. 153).

SUPPLEMENTARY REPORT OF COUNCIL.

The Supplementary Report of the Council, in which is embodied many of the matters considered, was approved, and is published in this issue of the SUPPLEMENT.

Association Notices.

ANNUAL REPRESENTATIVE MEETING, 1916.

DATE OF MEETING.

THE Annual Representative Meeting of the Association, 1916, will be held at the Connaught Rooms, Great Queen Street, London, W.C., on Friday, July 28th, 1916, at 10 a.m., and following day(s) as may be required.

AGENDA: FURTHER NOTICES OF MOTION BY DIVISIONS AND BRANCHES.

The provisional Agenda of the Annual Representative Meeting, including the Annual Report of Council, was published in the SUPPLEMENT of May 6th, and certain Notices of Motion by Divisions in the SUPPLEMENT of June 3rd. The Supplementary Report of the Council is published at p. 9 of this SUPPLEMENT. There will be included in the final Agenda of the Meeting, as to be issued to the members of the Representative Body on or about July 21st, not only such Notices of Motion as have appeared in the SUPPLEMENTS of May 6th, June 3rd, and July 8th, but also all Notices of Motion received up to Friday, July 14th, found by the Agenda Committee to be in order.

By order,
ALFRED COX,
Medical Secretary.

July 5th, 1916.

ANNUAL GENERAL MEETING.

NOTICE is hereby given by the Council that the Annual General Meeting of the British Medical Association will

be held at the Connaught Rooms, Great Queen Street, London, W.C., on Saturday, July 29th, 1916, at 2 o'clock in the afternoon.

Dated this 24th day of June, 1916.

By order,

GUY ELLISTON,
Financial Secretary and Business Manager.

429, Strand, London, W.C.

ELECTION OF MEMBERS OF COUNCIL BY GROUPED REPRESENTATIVES.

NOTICE is hereby given that Nominations for Candidates for election of Members of Council by grouped Representatives for the year 1916–17 will be received by the Medical Secretary up to the end of the first hour of the proceedings of the Annual Representative Meeting on Friday, July 28th, 1916. Each nomination must be on the prescribed form, copies of which will be forwarded by the Medical Secretary on application.

Separate forms have been prepared: I. For Nomination by a Division (through its Representative); and II. For Nomination by a Representative of a Constituency included in the Group, and those applying are requested to state for which purpose the form is desired.

The voting papers will be issued at the Representative Meeting to each Representative or Deputy Representative of a Constituency in the United Kingdom in attendance at the Meeting.

By order of the Council,

ALFRED COX,
Medical Secretary.

SUGGESTED CHANGES OF BOUNDARIES.

PROPOSED ADJUSTMENT OF AREAS OF THE MORPETH AND NORTH NORTHUMBERLAND DIVISIONS.

NOTICE is hereby given to all concerned of a proposal made by the North Northumberland Division for adjustment of the areas of the Morpeth and North Northumberland Divisions of the North of England Branch by transfer of the U.D. of Rothbury and the R.D. of Rothbury from the area of the former to the area of the latter. Written notice of the proposal has been given to the Morpeth Division and North of England Branch, and the matter will be determined in due course by or on behalf of the Council. Any member affected by the proposed change and objecting thereto is requested to notify the fact, and his or her reason therefor, to the Medical Secretary, 429, Strand, W.C., not later than August 8th, 1916.

BRANCH AND DIVISION MEETINGS TO BE HELD.

BIRMINGHAM BRANCH: CENTRAL DIVISION.—Dr. H. W. Pooler, Honorary Secretary (98, Sampson Road, Birmingham), gives notice that the annual meeting of the Division will be held on Wednesday, July 19th, at 3.30 p.m., at the Medical Institute, and that the nominations for offices must reach him not later than Monday, July 3rd.

DORSET AND WEST HANTS BRANCH.—Mr. Percy A. Ross (Kensington, Boscombe Spa Road) gives notice that the summer meeting of the Branch will be held at Weymouth on Wednesday, July 19th, at 3 p.m.

EDINBURGH BRANCH: SOUTH-EASTERN COUNTIES DIVISION.—Dr. M. J. Oliver, Honorary Secretary (St. Boswells), gives notice that the Selkirkshire Panel Committee having applied to the British Medical Association for a member of the Insurance Acts Committee to lecture on "The National Insurance Acts, their present position and possible developments in the near future," Dr. J. Adams of Glasgow has kindly consented to give an address in the Railway Hotel, Newtown St. Boswells, at 3.45 p.m. on Tuesday, July 11th. Members of all panel committees within the Division are invited to be present and to take part in any discussion that may ensue. Dr. W. Barrie, Chairman South-Eastern Counties Division, will preside.

SOUTH MIDLAND BRANCH: BUCKINGHAMSHIRE DIVISION.—Dr. Arthur E. Larking, Honorary Secretary (Stoneleigh House, Buckingham), gives notice that there will be a meeting of the Division at the Red Lion Hotel, High Wycombe, on Tuesday, July 18th; 1.30 p.m., lunch (ladies can be invited); 2.15 p.m., business meeting. Attention will be drawn to the extraordinary ideas of the medical correspondent of the *Times* as shown in various letters, especially those with regard to compulsion of all medical men and the formation of a State Medical Service; 3 p.m., Mr. James Berry will give an address (with lantern slides) on Red Cross work in Serbia. As the seating accommodation is only about seventy, members are asked to apply for tickets as soon as possible, and they will be allotted on July 14th. Ladies may be invited as well as medical friends.

SOUTHERN BRANCH.—Mr. James Green, Honorary Secretary (Brandon House, Mile End, Portsmouth), gives notice that the annual meeting of the Branch will be held at the Royal Hampshire County Hospital, Winchester, on Wednesday, July 12th, at 2.30 p.m., Dr. C. F. Routh (Southsea) in the chair. Agenda: Return of election of officers of the Branch for 1916–17; annual report of Council; balance sheet of Branch; balance sheet of Belgian Doctors' and Pharmacists' Fund; general business. At the conclusion of the business Dr. Routh will vacate the chair in favour of Dr. Bodington (Winchester). On account of the war there will be no luncheon or other social function, except that tea will be served at the end of the meeting by the kindness of Dr. Bodington. The golf competition for the Childe challenge cup will take place at the Royal Winchester Golf Links at 3.30. Tea will be served at the golf-house. Members who intend to be present at the meeting will oblige by notifying the Honorary Secretary.

SURREY BRANCH.—Mr. Cecil P. Lankester, Honorary Secretary (1, Rectory Place, Guildford), gives notice that the annual meeting of the Surrey Branch will be held at the Central Office, 429, Strand, on Wednesday, July 26th, at 3.15 p.m. There will be no social function.

Meetings of Branches and Divisions.

KENT BRANCH:

BROMLEY DIVISION.

THE annual general meeting of the Bromley Division, to which all medical practitioners in the area were invited, was held, by kind invitation of Dr. Price, at 13, High Street, Bromley, on June 16th. The officers were re-elected, and the revised ethical rules were adopted. The members of the Local War Committee were re-elected with power to co-opt other members, the Divisional chairman and secretaries to be included as *ex officio* members.

The representative was instructed to support the agenda for the Annual Representative Meeting contained in the SUPPLEMENTS of May 6th and 27th, and to exercise his own discretion on any other matters which might be dealt with.

It was resolved to support Dr. Claude Wilson's nomination as direct representative on the General Medical Council.

Medical Attendance on Dependants.—An urgent resolution was passed asking the Annual Representative Meeting to consider as an urgent matter the question of the attendance of the medical profession on the dependants of soldiers and sailors, and expressing the opinion that the present gratuitous attendances should cease. It was also resolved:

> That until September 30th the medical men in the Bromley Division shall continue to treat the dependants of soldiers and sailors as hitherto, having confidence in the discretion of the Committee of the Soldiers' and Sailors' Families Association as to the suitability of such cases, and pending any action of the British Medical Association.

LANCASHIRE AND CHESHIRE BRANCH:

BURY DIVISION.

A MEETING of the Bury Division was held on June 28th, when the following officers were appointed for the ensuing year:

Chairman: Dr. Young (Whitefield).
Vice-Chairman: Dr. Strathy.
Representative to Representative Meetings and Branch Council: Dr. I. W. Johnson.
Deputy Representative: Dr. Smith (Radcliffe).
Honorary Secretary: Dr. Braithwaite.
Executive: Drs. Crompton (Ramsbottom), Stewart (Haslingden), A. P. Nuttall, and Dewar.
Local Honorary Secretaries: Radcliffe, Dr. Smith; Ramsbottom, Dr. Lawrie; Haslingden, Dr. J. A. Harrison; Rawtenstall, Dr. E. L. Compston (on the completion of his election to membership of British Medical Association).

Ethical Rules.—The new ethical rules, a copy of which had been sent to every member, were unanimously adopted.

Annual Representative Meeting.—The Representative was instructed, as the business of the forthcoming meeting was non controversial and largely formal, to vote in accordance with what he believed to be the feeling and opinions of the members of the Division.

Financial Statement.—The financial statement for the year ending June 30th showed a small debit balance.

METROPOLITAN COUNTIES BRANCH.

THE sixty-fourth annual general meeting of the Branch was held on June 27th, at 429, Strand, W.C., when Dr. MAJOR GREENWOOD, President, was in the chair.

Grouping of the Divisions of the Branch for Election of Two Members on the Council by the Representative Body.—Mr. BISHOP HARMAN, as a matter of urgency, moved the following resolution in order to submit the opinion of the Branch to the meeting of the Central Council to be held the next day.

That this meeting of the Metropolitan Counties Branch desires to submit to the Central Council its criticism of the Recommendation K of the Central Organization Committee (Council Agenda, page 15) on the grouping of the Divisions in the Branch for the purpose of electing two members of Council at the Representative Meeting, and to offer as an alternative suggestion a grouping based on the historical development of the Metropolitan Counties area: Group 1 for Inner London, comprising the Divisions of Tower Hamlets, City, St. Pancras and Islington, Marylebone, Westminster and Kensington; Group 2 for Outer London to comprise the rest of the Divisions. It is submitted that on such a grouping both the historical and professional differences of the Divisions will be better recognized and an equal division of the electorate obtained.

The resolution was carried unanimously.

Election of Officers.—The following officers were elected:

President: Surgeon-Colonel Atwood Thorne, V.D., R.A.M.C.(T.).
President-elect: Dr. C. O. Hawthorne.
Vice-Presidents: Drs. H. B. Brackenbury, R. E. Crosse, Leslie Durno, T. H. Parkes Peers.
Honorary Treasurer: Mr. H. Betham Robinson, M.S., F.R.C.S.
Honorary Secretaries: Mr. Bishop Harman, Dr. Wilfred Kingdon.

Vote of Thanks.—Dr. CECIL W. CUNNINGTON, in moving a vote of thanks to Dr. R. E. Crosse for his services as one of the Honorary Secretaries of the Branch, stated that Dr. Crosse had been engaged in most active work on behalf of the Council for the past four years, and as one who had worked very intimately with Dr. Crosse, expressed the highest opinion of his energy and devotion to the Association. Dr. PARKES PEERS seconded the vote of thanks, which was carried by acclamation.

Annual Reports.—The annual report of Council for the year 1915–16, together with the financial statement for the year ending December 31st, 1915, was approved and adopted. The annual report of the representatives on the Council was submitted and in accordance with the rules of the Branch received.

Ethical Rules.—The revised rules governing procedure in ethical matters were submitted for consideration. Dr. F. J. SMITH criticized them adversely and desired his objection to be recorded. Dr. BIGGS, Chairman of the Central Ethical Committee, pointed out that, unless the rules were adopted, the Branch could not deal with any ethical case or have any notice regarding an appointment inserted in the JOURNAL. Dr. HASLIP agreed with Dr. Smith and considered that the rules could not be so acceptable to the whole profession as Dr. Biggs would have them believe. The CHAIRMAN, having put the adoption of the rules to the meeting, declared them carried with three dissentients.

Induction of President.—Dr. MAJOR GREENWOOD, in introducing his successor, after thanking the members of the Council and the officers of the Branch for their help during his year of office, said that he was glad that the president's chair would be occupied by a representative of the army. Surgeon-Colonel ATWOOD THORNE then took the chair and delivered an address, "Medical Administration of Modern Armies."

Votes of thanks were accorded to Colonel Atwood Thorne for his address and to Dr. Major Greenwood for the work he had done during the year of his presidency.

NORTHERN COUNTIES OF SCOTLAND BRANCH:
BANFF, ELGIN, AND NAIRN DIVISION.

THE annual meeting of the Division was held at Gray's Hospital, Elgin, on June 17th, when Dr. IRONSIDE (Fochabers) presided.

The financial statement was read and adopted.

Election of Officers.—The following were elected officers for the ensuing year:

Chairman.—Dr. Ironside (Fochabers).
Vice-Chairman.—Dr. Alexander (Elgin).
Honorary Secretary and Treasurer.—Dr. J. A. Stephen (Elgin).
Interim Secretary and Treasurer.—Dr. T. A. Sellar (Aberlour).
Representative in Representative Meeting.—Dr. Alexander.
Deputy Representative.—Dr. Brodie Cruickshank (Nairn).
Representatives on Branch Council.—Dr. Johns and Dr. Beaton.
Executive Committee.—Drs. Adam (Forres), Alexander, Campbell, Fergusson, senr., Taylor (Keith), Geo. Wilson.
Ethical Committee.—Drs. Fergusson, senr., Alexander, Campbell, Brander, and Taylor (Elgin).

Free Attendance on Soldiers' Dependants.—The following resolution was adopted:

That in view of the generous allowance by the Government to soldiers' dependants it was unanimously agreed to discontinue free attendance on them.

NORTH OF ENGLAND BRANCH:
NEWCASTLE-UPON-TYNE DIVISION.

THE thirteenth annual meeting of the Newcastle-upon-Tyne Division was held on June 16th, when Dr. JAMES HUDSON, the Chairman, was in the chair.

Treatment of Dependants.—The CHAIRMAN commented upon the success which attended the working of the scheme for the gratuitous treatment of soldiers and sailors in Newcastle. Over 2,900 different dependants had been treated since the commencement of the scheme, and by having a wage limit and monthly meetings of the committee the scheme had been a success.

Grants to Branches.—On the motion of Dr. A. CAMPBELL it was resolved:

That the necessary steps be taken to amend By-law 23 so that the treasurer may be empowered to allow out of the funds of the Association to the treasurer of each Branch a sum not exceeding 5s. for each member of that Branch.

Annual Representative Meeting.—The Representatives were instructed in the various recommendations for the Division. It was decided not to oppose the treatment of children coming under the Necessitous Children's Meal Act, and to support the recommendation for the payment of referees under the Insurance Act. On the question of notification fees the Division resolved to support the resolution coming before the Representative Meeting.

SOUTH-EASTERN OF IRELAND BRANCH.

A MEETING of the Branch was held at Clonmel on June 7th, when Dr. R. R. O'BRIEN was in the chair.

Hospital Abuse.—On the motion of Dr. LAFFAN (Cashel) the following resolutions were passed:

1. That the Central Authorities of the Association be and are hereby urged to take into consideration the serious injury done to the profession by undercutting within its ranks with a view of devising a remedy for same.
2. That we condemn the bestowal of gratuitous services by members of our calling whether in hospitals, in lecture rooms for first-aid services, etc.
3. That we call on the same Association and the Irish medical public to attempt some action to prevent the universal stampede of well-to-do patients to Dublin, which has already pauperized and now threatens with destruction the whole provincial profession, and for which we sorrowfully admit provincials themselves are responsible by their own readiness to hurry off their patients to Dublin.
4. That the best method of giving effect to the above resolutions be considered at the next meeting of the Branch.

Fees for Medical Referees.—It was resolved unanimously that the fee for acting as medical referee in disputed cases under the Insurance Act should be not less than one guinea.

Doctors Joining the R.A.M.C.—The following resolution was unanimously passed:

That this meeting is of opinion that where medical men join the R.A.M.C. arrangements can be made between the Association and the Local Government Board, or the guardians of the district, for the discharge of their public duties while serving their country.

SOUTH MIDLAND BRANCH:
BUCKINGHAMSHIRE DIVISION.

THE annual meeting of the Buckinghamshire Division was held at Aylesbury on June 30th, when Dr. DUNBAR DICKSON was in the chair. The annual report and balance sheet were passed.

Election of Officers.—The following officers were elected:

Chairman: Dr. Dunbar Dickson.
Vice-Chairman: Dr. Bradbrook.
Secretary and Treasurer: Dr. Larking.
Assistant Secretary: Dr. Henderson.
Representative: Dr. Bradbrook.
Deputy Representative: Dr. Kennish.
Committee: Drs. S. Bailey, Bell, Fraser, Henderson, Long and Rose.
Branch Council Representatives: Drs. Baker, Kennish, and E. O. Turner.

Annual Representative Meeting.—On the consideration of the Report of the Central Council it was resolved:

> That this Division views the increased salaries of certain officers of the Association with concern, and would welcome an explanation.

It was decided to press very strongly at the Representative Meeting the following resolution, adopted by the Division in March last:

> That this meeting asks the British Medical Association to bring before the notice of the Government the advisability of guaranteeing protection to any firm that is willing to lay down plant to manufacture drugs and chemicals that were made in Germany before the war.

The Representative was instructed to support any protest against the reduction of notification fees.

Vote of Congratulation.—It was unanimously resolved to send a letter to Dr. Leslie Reynolds congratulating him on his promotion to the rank of lieutenant-colonel (combatant) Oxford and Bucks Light Infantry.

NORTHAMPTONSHIRE DIVISION.

THE annual meeting of the Division was held in the library of the Northampton General Hospital on June 20th, when Dr. LINNELL was in the chair.

Election of Officers.—The following officers were elected for 1916–17:

Chairman: Colonel W. H. Bull, K.H.S., F.R.C.S.Edin.
Vice-Chairman, Honorary Secretary, and Honorary Treasurer: Major P. N. B. Odgers.
Acting Honorary Secretary and Honorary Treasurer: Dr. S. E. Baxter.
Representative for Representative Meetings: Dr. L. W. Dryland.
Deputy Representative for Representative Meetings: Dr. J. P. Roughton.
Representatives on Branch Council: Major J. Arthur, M.B., Dr. H. Hollis, Major W. M. Robson.
Executive Committee: Drs. W. E. Audland, H. Cropley, A. A. Hope, A. Linnell.

Resignation of Honorary Secretary.—The resignation of the offices of honorary secretary and honorary treasurer by Dr. P. S. Hichens was accepted with deep regret. Dr. Hichens had filled the offices for the past ten years, his energy and untiring devotion in promoting the welfare of the Division was feelingly acknowledged, and a most cordial vote of thanks for his services was carried unanimously.

Annual Representative Meeting.—The agenda for the Annual Representative Meeting were considered, and the Representative was instructed to support Motions 15, 17, 18, 20, 21, 22, and was given a free hand in all other questions.

War Emergency Committee.—Dr. COOKE, the Honorary Secretary of the Committee, reported that the Committee had held ten meetings; fifty-three practitioners from the area of the Division were serving or had served in the army or navy since the beginning of the war. Lieutenant Edward Daniel Parsons, R.A.M.C., had died on active service, and his name was inscribed on the roll of honour. Honours for distinguished service had been bestowed on three residents in the county—Captain J. M. Gillespie, Military Cross, Captain T. L. Ingram, D.S.O., M.C., Captain A. C. Keep, M.C.

SOUTH WALES AND MONMOUTHSHIRE BRANCH:

CARDIFF DIVISION.

THE annual meeting of the Cardiff Division was held on June 15th, when Dr. P. T. O'DONNELL was in the chair. A vote of condolence with the relatives of the late Dr. A. L. Thornley was passed.

Election of Officers.—The following officers were elected:

Chairman: Dr. Mackenzie.
Vice-Chairman: Dr. Prichard.
Secretary: Dr. D. C. Evans.
Assistant Secretary: Dr. R. Walker.
Branch Councillors: Drs. O'Donnell, Fitzgerald, F. W. S. Davies, Shaw Lyttle, Brierley, Treasure, McCrea, and Mackenzie.
Ordinary Members of Executive Committee: Drs. H. G. Cook, T. Wallace, R. Prichard, and E. R. Bowen.
Branch Contract Practice Committee: Drs. Jno. Powell, Mackenzie, and Shaw Lyttle.
Representatives: Dr. W. B. C. Treasure and Dr. E. E. Brierley.
Assessor on the Maternity Department of the Queen's Nurses Institute: Dr. Erie Evans.

Report of Central Council.—The report of the Council was referred to a subcommittee, consisting of the Chairman, Vice-Chairman, Representatives, and Secretaries, for consideration and report to a meeting of the Division at an early date.

Annual Report.—The annual report of the Executive Committee was read and adopted, and it was resolved to circulate the model ethical rules to the members with a view to their adoption at the next meeting.

Reduction of Notification Fees.—It was resolved that very strong representation be made protesting against the reduction of fees for the notification of infectious diseases, and requesting the Government to rescind the resolution of the House of Commons.

Supply of Diphtheria Antitoxin.—It was resolved to instruct the Representatives to move at the Annual Representative Meeting that all sanitary authorities supply diphtheria antitoxin free.

Medical Attendance on Dependants.—It was resolved to rescind the previous resolution to give free attendance to the dependants of soldiers and sailors, and the Secretary was instructed to write to the Soldiers' and Sailors' Families Association to that effect, and also to the Secretaries of neighbouring Divisions.

SOUTH-WESTERN BRANCH.

THE seventy-seventh annual meeting of the Branch was held at the rooms of the Plymouth Medical Society on June 21st.

Annual Report.—The ACTING SECRETARY read the annual report of the Branch Council, which stated that the only activity in the area of the Branch had been in connexion with the arrangements for co-ordinating the medical requirements of the civil population with those of the naval and military forces of the Crown. Three meetings of the Branch Council had been held in the year. Thanks were accorded to Dr. Woollcombe for his services to the Branch during the two years of his presidency and regret at his illness. The Treasurer's report showed a balance in hand on December 31st, 1915, of £58 3s. 5d., subject to certain small outstanding accounts. On the motion of the CHAIRMAN the report—which included the additions to Rule 8, of which the necessary notice required had been given—was unanimously adopted.

Vote of Thanks.—The President-elect, Mr. J. M. ACKLAND, having succeeded to the chair, Mr. JAQUES proposed and Mr. ROPER seconded a sincere vote of thanks to the retiring President, which was carried unanimously.

Re-election of Honorary Secretary and Treasurer.—Mr. ROPER proposed and Dr. WAGNER seconded the re-election of the Honorary Secretary and Treasurer, which was also carried unanimously.

This concluded the business of the meeting.

STAFFORDSHIRE BRANCH:

MID-STAFFORDSHIRE DIVISION.

THE annual meeting of the Mid-Staffordshire Division was held at Lichfield on June 27th.

Election of Officers.—The following officers were elected for the year 1916–17:

Chairman: Dr. F. M. Rowland (Lichfield).
Vice-Chairman: Dr. A. E. Hodder (Stafford).
Honorary Secretary: Dr. T. D. S. Shaw (Lichfield).
Representative for Annual Representative Meeting: Dr. Clendinnen (Cannock).
Representatives on Branch Council: Drs. W. Lowe, G. Reid, E. C. Stack.
Executive and Ethical Committee: Drs. Gettings, Harvey, Chapman, and Thompson.

Annual Representative Meeting.—The Representative was instructed to support the recommendations of the Council except that with regard to fees for medical referees under the Insurance Act, as to which he was to adhere to the original resolution of a minimum fee of 10s. 6d. He was also to support the amendment of North Staffordshire, Reigate, and Edinburgh and Leith.

Pay of Territorial Medical Officers.—A member in the R.A.M.C.(T.) having written complaining of the unfair relative position of territorial officers in R.A.M.C. with regard to pay, the Representative was instructed to support any action for improvement of conditions.

FIFE BRANCH.

DR. G. C. ANDERSON (Methil), Honorary Secretary of the Fife Branch, desires it to be stated that at the annual meeting of the Branch on June 9th the ethical rules as recommended by the Representative Meeting were adopted.

INSURANCE.

INSURANCE ACTS COMMITTEE.

A MEETING of the Insurance Acts Committee was held at the offices of the Association on June 15th, when Dr. J. A. MACDONALD, LL.D., was in the chair.

Proposed Emergency Settlement.—The replies from the insurance areas regarding the proposed emergency settlement of 1915 accounts were considered, and it was resolved:

> That the Insurance Commissioners be informed that the Committee having taken, in their judgement, the best means open to them to ascertain the opinion of panel doctors throughout the country, are satisfied that the proposed emergency settlement is fair and suitable, and is desired by the great majority of those concerned.

Temporary Residents.—The Chairman promised a deputation from the Surrey Panel Committee that the Insurance Acts Committee would go thoroughly into the question of the working of the case value system, and consider the propriety of calling the attention of practitioners to the necessity of keeping accurate record cards so as to ensure that only genuine temporary residents were treated under the scheme.

Time Limits.—The Committee decided that in the event of any future amendment of regulations the desirability of fixing a time limit beyond which complaints could not be brought against practitioners should be considered. It was also decided, in response to a request from the Liverpool Panel Committee, to address a communication to the Insurance Commissioners with a view to fixing a reasonable time limit beyond which the Pharmaceutical Committee would not be able to make representations under Article 40 in relation to prescriptions for 1915.

INSURANCE COMMITTEES.

LONDON.

AT the meeting of the London Insurance Committee on June 29th a report on stock mixtures from the Panel Committee was unanimously referred back. It was urged that the Insurance Committee had not been consulted on the question whether there should be any stock mixtures.

Mr. Kingsley Wood raised the question of the medical lists and the sufficiency of doctors to give adequate treatment to insured persons. Mr. James Skinner said that until the passing of the second Military Service Act the difficulty had been met fairly well but the matter was now becoming very serious. There were, he said, great inequalities between different areas, Hampstead, for example, having one practitioner to 724 insured persons, and Shoreditch one to above 5,000. He was informed that notices respecting military service had been sent to 178 London doctors, of whom 93 were panel practitioners. Representations had been made to the Insurance Commissioners that in 31 of these cases the doctor should not be taken for military service, or should be allowed to remain in civil practice until a later date. The Chairman of the Committee, Mr. James Howarth, urged upon non-panel practitioners the great necessity of coming forward, in view of the exigencies of the moment, to offer their services in panel practice.

The Committee also had before it a complaint alleging that a patient was without medicine for three days because the prescription was absolutely illegible.

LOCAL MEDICAL AND PANEL COMMITTEES.

COUNTY OF LONDON.

IT was announced at the meeting of the London Panel Committee on June 20th that the Committee had been recognized by the Commissioners as the Local Medical Committee for the time being. The officers of the two committees will be identical. The election of a new Panel Committee has been postponed for twelve months.

The action of the Government in reducing the notification fees from 2s. 6d. to 1s. was the subject of a strong protest, and the opinion was expressed that more strenuous representations should have been made to the Government on this matter. There were numerous incidental expenses connected with the diagnosis and correspondence with the local authority prior to the removal of the case.

The Committee concurred in the procedure proposed to be adopted by the Insurance Commissioners in regard to the emergency settlement of practitioners' accounts for the medical year 1915.

OXFORD.

At a meeting of the Local Medical and Panel Committee on June 1st it was decided to accept the proposed emergency settlement of the balance due for 1915, rather than wait till 1917 for payment. Great dissatisfaction was expressed with the settlement for 1914, but it was decided to take no action until after the war. A selection of ten stock mixtures was made from Circular 158/I.C.

INSURANCE NOTES.

VENEREAL DISEASE AND SICKNESS BENEFIT.

THE following resolution was, we are informed by Dr. Otto May, joint honorary secretary of the National Council for Combating Venereal Disease, unanimously adopted at the annual conference of Industrial Assurance Approved Societies on June 30th:

> That the Conference of Industrial Assurance Approved Societies, having regard to the view expressed in the report of the Royal Commission on Venereal Diseases, and by the National Council for Combating Venereal Disease, to the effect that the enforcement of the "Misconduct Rule" in the case of such diseases tends to discourage those suffering from them from seeking early and adequate medical treatment, is of opinion that it is contrary to the true interests of approved societies to withhold benefit in the case of those suffering from venereal diseases, and recommends to the societies constituting this conference that they should take the necessary measures to enable them to pay benefit in such cases.

THE LONDON PANEL COMMITTEE.

The London Panel Committee *Gazette*, which is circulated only to practitioners on the panel in the county, gives in its issue for June some important replies to questions which have been asked at meetings of the Committee, from which it appears that on January 1st the index register of the London Insurance Committee contained the names of 1,727,203 insured persons, which includes the names of those who may have joined the army or navy, but in respect of whom the Insurance Committee had not received notification until after the end of the quarter during which the enlistment took place. On April 1st the number on the register was 1,608,045, which takes into account names of persons in respect of whom the Committee received notification of enlistment up to March 31st. On the other hand, the medical register only contained the names of 1,577,712 on January 1st, and 1,551,515 on April 1st. The total names removed from doctors' lists during the last quarter was 81,555, while 55,358 names were added.

It is pointed out that, in accordance with the Insurance (Payments to Insurance Committees) Regulations, 1914, the Commissioners may from time to time advance from the general medical benefit fund to each Insurance Committee such sums for medical benefit as may be required, so, however, that the sum so advanced shall not exceed the proper proportion of the sums which the Commissioners may estimate to be due to that Committee. In reply to the question how it happens that the Surrey Insurance Committee could disburse to panel practitioners at the rate of 1s. 5d. per insured person for the first quarter of 1916, while the London Insurance Committee only paid 1s. 3d., it is stated that the rate of the quarterly payment in advance to panel practitioners in respect to capitation fees credited to them must depend on the ratio between the medical register and the index register. Where the proportion of insured persons on doctors' lists is high, the rate of advance must necessarily be smaller than in those areas in which there is a larger proportion of persons who are not included in doctors' lists, and it is said to be a well known fact that in rural areas there are a very large number of insured persons who have not chosen doctors.

Speaking of the position of panel practitioners under the Military Service Act, the committee points out how it is to the interest of all practitioners who have not already done so, to enrol with the Central Medical War Committee as soon as possible.

It is also announced that the committee has appointed a special subcommittee to consider the report and recommendations of the Royal Commission on Venereal Diseases, and the relation thereto of panel practitioners.

The committee announces with deep regret the death of Dr. R. K. Macgregor of the R.A.M.C., who was killed accidentally while on active service at the front.

ANSWERS.

Payments for Medical Benefit of Persons over 70.

D.—The fact that insurance patients over the age of 70 entitled to medical benefit have no longer to pay the ordinary weekly insurance contribution in no way lessens the responsibility of their approved society to pay on their behalf the proper amount into the medical benefit fund out of which the doctors are paid. This amount is credited by the Commissioners to the Insurance Committee exactly in the same way as for persons below the age of 70. In the case of the aged and disabled members of societies who were entitled to medical attendance provided by their society before the Insurance Act came into operation but who by reason of age or disablement

could not become insured persons under the Act, the Insurance Committee of the area has to see that they can get medical attendance from some panel doctor "on the same terms as to remuneration as those arranged with respect to insured persons," but the payment of the doctors in these cases is not necessarily made through the Insurance Committee; it may be made either by direct arrangement between the doctor attending and the patient's society or frequently by some general arrangement between the society and the Panel Committee of the area, and it is the business of the doctor himself or the Panel Committee to see that the doctor receives his legal due for these special persons.

Sick Visitors.

M.—Approved societies have power under the Act and regulations, and under their rules, which have all to be sanctioned by the Commissioners, to send sick visitors to visit any member of the society who is in receipt of sickness benefit. The only limitations are that female members must only be visited by female sick visitors, and that there shall be no interference with what is strictly the province of the medical attendant. It is the doctor's duty to give a certificate, if desired, when he considers a patient is incapable of work, but the certificate by itself does not entitle the patient to sickness pay, and the society is entitled by means of sick visitors to satisfy itself that the patient does not do anything which is at variance with the doctor's expressed opinion that the patient is incapable of work.

CORRESPONDENCE.

HOW IS THE INSURANCE SYSTEM WORKING?

DR. W. J. ERNELY SUMPTER (Sheringham) writes: Dr. T. J. Fletcher's communication on the working of the Insurance Act (SUPPLEMENT, June 3rd, p. 130) will, I hope, elicit further correspondence and discussion. I should like to ask if the wage limit, fixed (under protest from the profession), I believe, at £150 per annum, is being enforced, and the position watched by the Association? Some employees are now receiving in wages up to £20 per week. Are these men still panel patients? Miners' wages have been increased by about 100 per cent. Is it not time that the receivers of such bonuses should be called upon in their turn to pay one? This is certainly not the time to ask the attention of Parliament, and it is not the time either for the exploitation of medical men. The authorities responsible for working the Insurance Act are surely cognisant of the altered conditions, and are they taking steps to adjust matters? The Hearts of Oak Benefit Society, in its annual report, states that "a variation of the present contributions and benefits may be required by this and other benefit societies." This, in my opinion, must certainly be the case, if medical men are expected to continue an adequate service. Further "spoon-feeding" by the Government can scarcely be required, and it is the beneficiaries who must make higher contributions. The working man of to-day requires, when ill, the advantages that modern medicine can offer, and it is simply impossible to provide them at anything like the price that prevailed fifty years ago, and has been allowed to continue with small variation up to the present time. Prompt action is called for, or it can safely be predicted that a number of doctors must decline to renew their contracts for another year.

PAYMENTS UNDER INSURANCE ACT FOR YEAR 1914.

DR. S. M. MACKENZIE (Dorking) writes: The figures given by Dr. Hope Robson (SUPPLEMENT, June 24th, p. 154), as furnished by the Commissioners to the Southampton Panel Committee, are of great interest and show that the question of inflation should be carefully watched by the Insurance Acts Committee and Panel Committees. Seeing that the gross Medical Benefit Fund was £4,239,137 6s. 4d., and allowing for the year 1914 being eleven days short for Insurance Act purposes, it would appear that the Commissioners allotted the fund on a basis that there were 10,350,656 insured persons in 1914. In the annual report of the Commissioners for 1913–14 it was estimated (App. X and XVI) that the number of insured persons was 10,864,500, but the figures are complicated by the enlistments in the last five months of 1914. The Index Register, however, shows that 11,864,641 were on the lists of Insurance Committees, giving an inflation of 1,513,985, or, as Dr. Hope Robson points out, over one-sixth of the Commissioners' figure. So large an error points to a considerable defect in administration in some direction.

Naval and Military Appointments.

ROYAL NAVAL MEDICAL SERVICE.

THE following appointments are announced by the Admiralty: Fleet Surgeons R. L. Dickinson to the *Vivid*, additional, for disposal; S. T. Reid to the Plymouth Division Royal Marines. Staff Surgeon J. R. A. Clark-Hall to the *Victory*, additional, for disposal. Surgeons J. S. Elliot, M.B., to the *Victory*, additional, for disposal. Temporary Surgeons W. A. Pocock, M.B., J. A. Moncrieff, M.B., and T. W. Drummond to the *Victory*; F. W. Lawson to the Hospital Ship *Soudan*; A. C Roxburgh and L. A. Martin to the *Victory*, additional, for disposal; R. E. Cameron to Portland Hospital; C. D. Hanan to the *Benbow*; J. E. Ross to the *Wildfire*, additional, for Sheerness Barracks and Yard.

ROYAL NAVAL VOLUNTEER RESERVE.

Surgeon Probationers N. B. Gadsby to the *Owl*; E. M. Fraser to the *Contest*; D. L. M. Tod to the *Christopher*; A. H. Shelswell to the *Achates*.

ARMY MEDICAL SERVICE.

Lieutenant-Colonel Sir J. K. Fowler, K.C.V.O. (R.A.M.C.T.F.), to be temporary Colonel.

ROYAL ARMY MEDICAL CORPS.

Lieutenant-Colonel J. S. Green is retained on the active list under the provisions of Articles 120 and 522, Royal Warrant for Pay and Promotion, and to be supernumerary.

Temporary Major E. H. Starling, M.D., F.R.S., to be temporary Lieutenant-Colonel.

Surgeon-Major W. S. Henderson, K.E. Horse, relinquishes the rank of temporary Lieutenant-Colonel on reposting (substituted for notification in the *London Gazette* of February 25th).

Majors relinquish the rank of temporary Lieutenant-Colonel on reposting: R. Storrs, J. W. Jennings, D.S.O.(ret.), D. Ahern, M. C. Beatty, M.B., (Temp.) E. L. Gowlland, M.B.

E. D. Hancock to be temporary Major whilst employed at the Guildford War Hospital.

The following are granted temporary rank whilst commanding field ambulances (substituted for notifications in the *London Gazette* of April 5th, 18th, and 20th and May 1st):—*As Lieutenant-Colonel*: Major M. F. Grant, M.D. *As Majors*: Captains T. T. H. Robinson, M.B., J. W. Lane, M.D., and A. D. Fraser, M.B.

K. W. Monsarrat, M.B., F.R.C.S. (Captain R.A.M.C.T.F.), to be temporary Major whilst employed with No. 37 General Hospital.

Temporary Lieutenant G. H. Alabaster, M.B., to be temporary Captain.

Temporary Captain J. Craig, M.D., relinquishes his commission on account of ill health.

To be temporary Lieutenants: D. F. Kennard, D. Campbell (from 2nd Light Infantry Reserve of Officers).

The christian names of Lieutenant Adrian Sergeant McNeil are as now described, and not as in the *London Gazette* of June 11th.

To be temporary honorary Lieutenants whilst serving with No. 8 British Red Cross (Baltic and Corn Exchange) Hospital: C. E. Drennan, E. Aylward, S. Wicks, Temporary Lieutenant R. Marshall, M.D.

Temporary Lieutenants relinquishing their commissions: D. P. Gaussen, M.D., G. H. V. Appleby, M.D., F. H. Wheeler, M.D., W. J. V. Curtain, D. J. Cannon, M.B., R. H. Ashwin, M.D., E. Bayley, M.D., F.R.C.S., J. E. Hodson, R. Broom, M.D., E. H. B. Fox, W. A. G. Cluffe, M.B., J. E. Hewlett, M.B., J. McAvoy, M.D., F. Riley, M.D., F.R.C.S., D. Taylor, M.B., A. Macmillan, F. G. Beatty, M.B., K. Gillies, M.B., M. MacLean, M.B., A. J. Wilson, F.R.C.S., A. R. Sieveking, W. A. Milne, M.B., G. V. Worthington, M.B., J. Anderson, M.B., N. F. Rowstron, M.B., W. L. Clements, M.B., J. M. Chambers, S. L. Corry, M.B., A. E. Blackburn, M.D., F. Anderson, M.B., J. S. R. Weir, R. C. de Lacey, M.B., R. D. Mothersole, M.D., F.R.C.S., J. St. L. Kirwan, M.B., W. H. Warwick, M.B., A. L. Walters, D. Allan, A. G. Shera, M B., J. L. Gregory, M.B., H. R. Rigby, J. F. Alexander, M.D., J. G. FitzGerald, F.R.C.S.E., R. Brookes, A. L. Pentland-Smith, A. H. Macklin, M.B., V. H. McWilliams, M.B., F. J. Colling, M.B., W. L. Robertson, M.B., L. J. Pellew, M.B., S. K. McKee, M.B., Le B. B. Wilmot, M.D., R. W. McQuay, M.D., J. S. Chisholm, M.D, J. H. Fisher, M.B., E. Lachopelle, M.B., O. Van Luven, M.B., D. E. Scott, M.D., E. J. de Beaupre, M.B., S. A. Overend, M.D., C. M. Keillor, M.D, H. K. Groff, M.D., R. B. Martin, K. L. Mackinnon, M.B., W. W. Turner (on account of ill health).

SPECIAL RESERVE OF OFFICERS.

ROYAL ARMY MEDICAL CORPS.

Major H. G. Smeeth, M.D., to be temporary Lieutenant-Colonel whilst commanding a field ambulance (substituted for the notification in the *London Gazette* of April 18th).

Lieutenants to be Captains: R. L. Impey, M.B., T. E. B. Beatty, T. F. Corkill, M.B.

OVERSEAS CONTINGENTS.

CANADIAN ARMY MEDICAL CORPS.

Major J. A. Dickson (Canadian Militia) to be temporary Major. Captains (Canadian Militia) to be temporary Captains: E. A. Robertson, A. F. Foss, T. G. Brodie. To be temporary Captains; T. Coleman, W. F. Coy, J. G. MacNeill, W. H. McMillan (from Canadian A.S.C.), J. H. Slayter, M. G. Brown, C. L. Blight, W. G. Blair, A. E. Blackett, R. A. Dowd, J. S. Fitzsimmons, E. R. Graham, S. E. Holmes, N. MacL. Harris, F. D. Sinclair, E. Gardner, B. C. Reynolds, L. R. Shier, C. C. Schlichter, Sergeant-Major H. B. van Wyck. Lieutenants J. J. Thomson, M.B., and A. J. Lomas, M.B. (Canadian Militia), to be temporary Captains.

TERRITORIAL FORCE.

ARMY MEDICAL SERVICE.

The following announcement is substituted for that which appeared in the *London Gazette* of May 3rd: Major W. E. Miles, F.R.C.S., from London Field Ambulance, to be Deputy Assistant Director of Medical Services, 1st London Division.

ROYAL ARMY MEDICAL CORPS.

London Casualty Clearing Station.—Captains W. H. Lloyd and W. F. B. Bensted-Smith from general hospitals, to be Captains.

London Field Ambulance.—Lieutenant-Colonel J. A. Masters, M.D., relinquishes his temporary rank on alteration in posting Major W. E. Miles, F.R.C.S., is seconded Captain J. E. Sandilands, M.D, relinquishes his commission on account of ill health. Captains from general hospitals to be Captains: M. W. K. Birt, L. Milton, C. E. Petley, W. J. T. Kimber, L. B. Clarke, L. L. Preston, M.B., A. F. Comyn, M.B., A. B. P. Smith.

London Mounted Brigade Field Ambulance.—Captain W. P. Thomas, M.D., to be Major.

London Sanitary Company.—Lieutenants to be Captains: M. S. Briggs, H. S. Tebbitt.

Home Counties Field Ambulance.—H. England to be Lieutenant.

Wessex Field Ambulance.—Lieutenants to be Captains: T. J. Costello, M.B., F. J. M. Kennedy.

Welsh Field Ambulance.—Captain E. L. Anderson, M.B., to be temporary Major. Lieutenants to be Captains: W. Sankey, M.B., R. Willan, M.B.

South Midland Field Ambulance.—Major F. J. Warwick is restored to the establishment. Second Lieutenant G. C. Williams, from Unattached List (T.F.), to be Lieutenant.

North Midland Casualty Clearing Station.—Captain E. H. Brunt to be Major

North Midland Field Ambulance.—Lieutenants to be Captains: F. C. Pridham, F.R.C.S., J. Howard, D. A. Wilson, M.B.

North Midland Mounted Brigade Field Ambulance.—Lieutenant J. M. Mitchell, M.B., to be Captain.

East Anglian Casualty Clearing Station.—Lieutenant (temporary Captain) F. W. Lewis to be Captain.

East Anglian Field Ambulance.—Lieutenants to be Captains: M. A. Cholmeley, J Humphrey, M.B.

Southern General Hospital.—Major R. H. Lucy, M.B., F.R.C S., relinquishes his commission on account of ill health.

West Riding Field Ambulance.—A. M. Davie, late Captain Highland Field Ambulance, to be Captain.

East Lancashire Field Ambulance.—Major R. C. Rodgers is seconded for duty with a war hospital.

West Lancashire Field Ambulance.—Major J. Wood to be temporary Lieutenant-Colonel whilst commanding a field ambulance. Lieutenant A. V. Glendenning, M.B., to be Captain.

Western General Hospital.—Captain K. W. Monsarrat, M.B., is seconded whilst holding a commission as temporary Major R.A.M.C.

Highland Field Ambulance.—A G. Reid, M.B., to be Lieutenant.

Sanitary Service.—R A. Farrar, M.D., late temporary Major R.A.M.C., to be Major (temporary), whose services will be available on mobilization.

Attached to Units other than Medical Units.—Captain H. F. Comyn, M.B., relinquishes his commission on account of ill health Surgeon-Captain W. T. Rowe, M.D., from South Nottinghamshire Hussars Yeomanry, to be Captain. Captains W. K. Churchouse, D. N. Hardcastle, J. D. L. Currie, H. A. Philpot, M.D., from general hospitals, to be Captains. Captain J. M. Kirkness, M.B., is restored to the establishment. Lieutenant B. G. Ewing, M.B., to be Captain.

Supernumerary for Service with the O.T.C.—G. F. Blacker to be Captain for service with the Medical Unit of the London University Contingent, Senior Division, O.T.C.

TERRITORIAL FORCE RESERVE.

ARMY MEDICAL SERVICE.

Colonel D. Harrisson, F.R.C S.E., from Assistant Director of Medical Services, West Lancs (Reserve) Division, to be Colonel.

Vacancies and Appointments.

NOTICES REGARDING APPOINTMENTS.—Attention is called to a Notice (see Index to Advertisements—Important Notice re Appointments) appearing in our advertisement columns, giving particulars of vacancies as to which inquiries should be made before application.

VACANCIES.

BEDFORD COUNTY HOSPITAL.—(1) House-Surgeon. (2) Assistant House-Surgeon.

BETHNAL GREEN PARISH.—Medical Superintendent of the Infirmary, etc. Salary and emoluments approximately £763 per annum.

BIRMINGHAM AND MIDLAND EYE HOSPITAL.—Resident Surgeon. Salary, £200 to £300 per annum.

BIRMINGHAM UNIVERSITY.—Lecturer in Physiology. Stipend, £200 per annum.

BOLTON INFIRMARY AND DISPENSARY.—Third House-Surgeon. Salary, £180 per annum.

BRISTOL ROYAL INFIRMARY.—House-Surgeons and House-Physicians. Salary, £120 per annum.

BURY INFIRMARY.—Junior House-Surgeon. Salary, £150 per annum.

CAMBRIDGE: ADDENBROOKE'S HOSPITAL.—House-Surgeon. Salary, £250 per annum.

DERBY COUNTY ASYLUM, Mickleover.—Locumtenent. Salary, £6 6s. per week.

DUDLEY: GUEST HOSPITAL.—Senior Resident Medical Officer. Salary, £150 per annum.

HULL: VICTORIA HOSPITAL FOR SICK CHILDREN.—House-Surgeon. Salary, £100 per annum.

LEAMINGTON SPA: WARNEFORD GENERAL HOSPITAL.—Junior Resident Medical Officer. Salary, £150 per annum.

LIVERPOOL PARISH. Lady Resident Assistant Medical Officer at the Brownlow Hill Institution. Salary, £300 per annum.

LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.—(1) Assistant Resident Medical Officer; (2) Surgical Registrar. Honorarium, £120 and 40 guineas per annum respectively.

LONDON THROAT HOSPITAL, Great Portland Street, W.—House-Surgeon. Salary, £50 per annum.

LORD MAYOR TRELOAR CRIPPLES' HOSPITAL, Alton.—Assistant Resident Medical Officer.

MANCHESTER CORPORATION.—Medical Officer (whole-time) for consultation and infant clinics at child-welfare centres. Salary, £350 per annum.

MANCHESTER NORTHERN HOSPITAL FOR WOMEN AND CHILDREN.—Lady House-Surgeon. Salary, £120 per annum.

MIDDLETON-IN-WHARFEDALE SANATORIUM, near Ilkley.—Assistant Medical Officer. Salary, £350 per annum.

MOUNT VERNON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Fitzroy Square, W.—Female Clinical Assistant in Out-patient Department.

NORTHAMPTON GENERAL HOSPITAL.—House-Surgeon. Salary, £150 per annum.

OXFORD EYE HOSPITAL.—House-Surgeon.

PLYMOUTH: SOUTH DEVON AND EAST CORNWALL HOSPITAL.—House-Physician. Salary, £200 per annum.

PRESTWICK: COUNTY ASYLUM.—Locumtenent. Salary, £7 7s. per week.

READING: ROYAL BERKSHIRE HOSPITAL.—House-Physician. Salary, £250 per annum.

ROCHDALE INFIRMARY AND DISPENSARY.—Second House-Surgeon. Salary, £150 per annum.

STORTHES HALL ASYLUM, Kirkburton.—Locumtenent. Salary, £7 7s. per week.

SUNDERLAND: ROYAL INFIRMARY.—Lady House-Surgeon. Salary, £150 per annum.

CERTIFYING FACTORY SURGEONS.—The Chief Inspector of Factories announces the following vacant appointments: Dufftown (Banff), Girvan (Ayr), King's Lynn (Norfolk), Longton (Lancs.), Rothwell (Northampton), Swansea (Glamorgan), Tibshelf (Derby).

To ensure notice in this column—which is compiled from our advertisement columns, where full particulars will be found—it is necessary that advertisements should be received not later than the first post on Wednesday morning. Persons interested should refer also to the Index to Advertisements which follows the Table of Contents in the JOURNAL.

APPOINTMENTS.

BARRETT, Ada, M.B.Vict Manch., Temporary Assistant School Medical Officer for Cheshire.

COOPE, G. M., M.R.C.S., L.R.C.P., Assistant Medical Officer of the Withington Institution of the Manchester Union.

GROSE, J. S., L.R.C.P., M.R.C.S., District and Workhouse Medical Officer of the Bideford Union.

HASLEWOOD, C., M.B., District Medical Officer of the Ashbourne Union.

HEDDEN, R., M.R.C.S., L.R.C.P., Certifying Factory Surgeon for the Honiton District, co. Devon.

HILL, Colonel P. E., A.M.S.T.(ret.), Medical Officer in Charge of the German Prisoners' Working Camp, Crickhowell.

HILLYER, W. H, M.D.Durh., Certifying Factory Surgeon for the East Grinstead District, co. Sussex.

HUXLEY, Miss Frances M., M.D., B.Sc.Vict., Pathologist and Registrar to Queen Charlotte's Lying-in Hospital, Marylebone Road, N.W.

LAWRENCE, E. W., M.B., Ch.B.Edin., Medical Officer of the Workhouse and Cottage Homes of the Bridgend and Cowbridge Union.

MCCLURE, S., M.D.Belf., District Medical Officer of the Neath Union.

NEWBIGGING, T. D., M.B., C.M.Glas., Certifying Factory Surgeon for the Leadhills and Wanlockhead District, cos. Lanark and Dumfries.

PEARSON, E., F.R.C.S.Edin., District Medical Officer of the Barnstaple Union.

WOODFIELD, T. H., M.D.Lond., Medical Superintendent of the Downs Sanatorium of the Metropolitan Asylums Board.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is **5s.**, *which sum should be forwarded with the notice not later than the first post on Wednesday morning in order to ensure insertion in the current issue.*

BIRTHS.

BURNET.—At Beechknowe, Crieff, Perthshire, on the 1st inst., the wife of Morton Burnet, M.D.Edin., a daughter.

MARRACK.—On the 23rd June, at Roseville, Bigwood Road, Golder's Green, the wife of Captain John R. Marrack, R.A.M C., a son.

MARRIAGE.

GOFFE—POWELL.—On Saturday, July 1st, at King's Weigh House Church, London, W., by the father of the bride, Ernest George Goffe, M.D., B.S.Lond., Senior Assistant Medical Officer, North-Eastern Hospital, Tottenham, son of the late John Beecham Goffe, Esq., J.P., of Port Marie, Jamaica, to Edna Mary Powell, M.B., B.S.Lond., eldest daughter of the Rev. Edward Pearce Powell, M.A., of Sutton, Surrey.

DEATHS.

ENGLAND.—On the 29th June, at "Eastfields," Newport, Mon., after a short illness, Arthur Charles England, M.B., late of Nottingham, aged 32 years.

TATE.—On 5th July, at No. 1, Queen Anne Street, Cavendish Square, W., Walter W. H. Tate, M.D., F.R.C.P. Funeral service at St. Andrew's, Well Street, on Saturday, 8th inst., at 2.15 p.m.

DIARY FOR THE WEEK.

WEDNESDAY.

ROYAL SOCIETY OF MEDICINE:

SECTION OF SURGERY, 5 p.m.—Cinematograph Demonstration by Dr. F. H. Albee (New York) of his methods and technique of bone surgery.

FRIDAY.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—Annual General Meeting, West London Hospital, at 5 p.m.

DIARY OF THE ASSOCIATION.

Date.		Meetings to be Held.
		JULY.
7	Fri.	London: Executive Subcommittee of Central Medical War Committee, 2.45 p.m.
11	Tues.	Edinburgh Branch, South-Eastern Counties Division, Newtown St. Boswells, 3.45 p.m.
12	Wed.	London: Central Medical War Committee, 12 noon.
		Southern Branch, Annual Meeting, Winchester, 2.30 p.m.
15	Sat.	London: Science Committee, 10.30 a.m.
18	Tues.	London: Annual Representative Meeting Agenda Committee, 2.30 p.m.
		Buckinghamshire Division, High Wycombe; Lunch, 1.30 p.m.; Business Meeting, 2.15 p.m.; Address by Mr. James Berry, 3 p.m.
19	Wed.	Dorset and West Hants Branch, Summer Meeting, Weymouth, 3 p.m.
		Central Division, Birmingham Branch, Medical Institute, 3.30 p.m.
26	Wed.	Surrey Branch, Annual Meeting, 429, Strand, W.C., 3.15 p.m.
28	Fri.	ANNUAL REPRESENTATIVE MEETING, Connaught Rooms, Great Queen Street, London, W.C., 10 a.m., and following days as may be required.
29	Sat.	ANNUAL GENERAL MEETING, Connaught Rooms, Great Queen Street, London, W.C., 2 p.m.

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